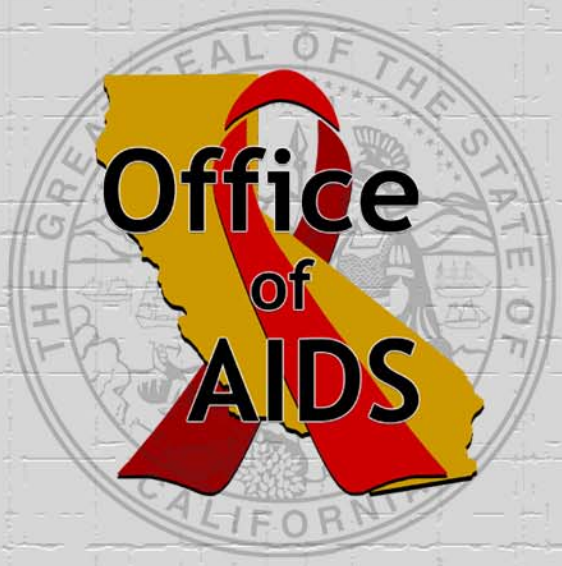
# California 2000 HIV/AIDS Knowledge, Attitudes, Beliefs, and Behaviors (KABB) Survey: **Summary Report**

November 2002

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# California 2000 HIV/AIDS Knowledge, Attitudes, Beliefs and Behaviors (KABB) Survey: Summary Report

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# NOTE TO READER

This document summarizes the findings presented in the report: *California 2000 HIV/AIDS Knowledge, Attitudes, Beliefs, and Behaviors (KABB) Survey: Methods and Results*. For a complete listing of all 70 KABB survey questions and their bi-variate analysis results, please refer to the *KABB Methods and Results* report, which presents the overall frequency distributions for each survey item for the following sociodemographic variables: Sex (Male, Female); Race/Ethnicity (White, African American, Hispanic, Asian/Pacific Islander, Other); Age in years (18-24, 25-44, 45-64, 65 and over); Urban/Rural (as defined by county of residence); Education in years (less than or equal to 12 [high school dropout], 12 [high school graduate], 13-15 [some college], 16 or greater [college graduate]); Employment Status (Employed, Unemployed, Retired); and Household Income in dollars (less than $25,000, $25,000 - $49,999, $50,000 - $99,999, greater than $100,000). A listing of all tables included in the *KABB Methods and Results* report is available in the appendix.

The *California 2000 HIV/AIDS Knowledge, Attitudes, Beliefs, and Behaviors (KABB) Survey: Methods and Results* report is available on-line at http://www.dhs.ca.gov/AIDS.

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# EXECUTIVE SUMMARY

**Objectives:** The California 2000 HIV/AIDS Knowledge, Attitudes, Beliefs, and Behaviors (KABB) statewide survey was undertaken to assess the current statewide knowledge, attitudes, beliefs and behaviors regarding HIV and AIDS among Californian adults.

**Design:** The study was conducted by the University of California, Berkeley Center for Family and Community Health (CFCH) for the California Department of Health Services, Office of AIDS. Under the supervision of the CFCH, Communication Sciences Group/Survey Methods Group conducted the interviews through computer-assisted telephone interviewing (CATI). A random sample of 1,739 Californian adults was interviewed by telephone between April and June 2000. Respondents answered about 70 questions in an English or Spanish interview that lasted on average 22 minutes. The four general topic areas covered by the survey included: (1) HIV risk factors and related behaviors; (2) personal experience with HIV testing; (3) knowledge, attitudes, and beliefs; and (4) opinions regarding public policies.

**Results:** The final response rate for the survey was 35.4 percent, and the cooperation rate was 68.5 percent. Approximately 2.4 percent of Californians engaged in at least one HIV-risk behavior during the prior year (injection drug use, sex with someone from a high risk group,[*] or sex with six or more partners in the past 12 months) (95 percent Confidence Interval [CI]: 1.5,3.2). Approximately half (50.8 percent) of Californians perceived themselves to be at no risk for HIV (CI: 47.9,53.7). Roughly 37 percent (CI: 34.5, 40.0) felt that their chances of getting infected with the virus were low, while only 12 percent believed that their risk was medium or high (9.4 percent [CI: 7.7,11.1] and 2.6 percent [CI: 1.7,3.4], respectively). The majority of Californians felt well informed about ways to prevent HIV infection (80.5 percent, CI: 78.1,82.8). Two out of three (67 percent) adults believed that HIV-positive cases should be reported using a unique identifier (CI: 64.5,69.7). An additional 15 percent felt that cases should be reported by name (CI: 13.2,17.2). Among those who feel that HIV-positive cases should *not* be reported (12 percent, CI: 10.4,13.8), the primary reason given for this opinion was that a person's "HIV status is a private medical matter" (57 percent, CI: 49.7,64.2).

**Conclusion:** The 2000 KABB Survey presents a highly relevant and timely picture of Californians' knowledge, attitudes, beliefs, and behaviors concerning HIV/AIDS. Further analysis and dissemination of the results will provide public health officials, prevention programs and policy makers with the means to more effectively target those populations at greatest risk for HIV infection.

[*]High risk groups include men who have sex with men (MSM), injection drug users, or HIV-infected partners.

# INTRODUCTION

As noted by the Centers for Disease Control and Prevention (CDC), there is an on-going need for questionnaire-based data to facilitate the development and evaluation of HIV prevention efforts and to complement reported incidence and prevalence AIDS data.[1] In particular, self-reported sexual behaviors, including the number or type of partners, injection drug using history, preventive behaviors (e.g., condom use and HIV testing), as well as social and cognitive indicators, such as HIV-related knowledge, beliefs, and attitudes are all indicators vital for the design and effective evaluation of preventive programs. The use of both population-based and targeted subgroup studies to examine HIV/AIDS-related indicators can provide a comprehensive assessment of both the general population as well as those groups considered to be at particular risk for infection. The unique strength of general population surveys is that results from these studies are generalizable to a total population. Population-based studies can assess the effect of statewide prevention campaigns and may be used to compare California to nationwide statistics. In addition, population-based results may be used as a baseline with which to compare high risk subgroups within the state.

In the late 1980s, California conducted two statewide AIDS Knowledge, Attitudes, Beliefs, and Behaviors (KABB) telephone surveys. To provide an updated profile of California, the 2000 KABB statewide survey of adults was conducted. The University of California, Berkeley, Center for Family and Community Health executed the study on behalf of the California Department of Health Services, Office of AIDS. A total of 1,739 adults were interviewed by telephone between April and June 2000. Participants had a choice to be interviewed in either English or Spanish. Four general topic areas were included in the study: (1) HIV risk factors and related behaviors; (2) personal experience with HIV testing; (3) knowledge, attitudes, and beliefs; and (4) opinions regarding public policies. To date, bi-variate analysis of the data has been completed and is presented in this summary report for a selected number of survey questions arranged by topic area. A complete listing of *all* survey questions with their demographic breakdowns is available in the *California 2000 HIV/AIDS Knowledge, Attitudes, Beliefs, and Behaviors (KABB) Survey: Methods and Results* report, which is available on-line at http://www.dhs.ca.gov/AIDS. A listing of each survey question and its associated data table is available in this report's appendix.

Changes in survey sampling methods and updated survey questions mean that limited comparisons may be made between the 2000 KABB and the older KABB data sets. Analysis from the 2000 KABB survey will provide public health officials and policy makers with current information on HIV/AIDS-related behavioral, social, and cognitive indicators for the general population. Understanding the sexual behaviors and the status of the population's knowledge and beliefs is critical to assess the success of previous prevention campaigns. The state's large population size coupled with its ethnic and cultural diversity, underscore the need for behavioral surveillance. In addition to cultural and ethnic diversity, varied levels of assimilation influence the wide range of health beliefs, attitudes, and knowledge of individuals. Examination of the population and further investigation into how these factors may interplay with one another will provide a timely and relevant assessment of the HIV/AIDS-related prevention and educational needs of Californians.

# METHODS

The study was conducted by the University of California, Berkeley, Center for Family and Community Health (CFCH) for the California Department of Health Services, Office of AIDS (OA). Under the supervision of the CFCH, Communication Sciences Group/Survey Methods Group (CSG) conducted the interviews through computer-assisted telephone interviewing (CATI). A total of 1,739 California adults were interviewed from April to June 2000. Respondents answered about 70 questions in an English or Spanish interview that lasted on average 22 minutes. The four general topic areas covered by the survey included: (1) HIV risk factors and related behaviors; (2) personal experience with HIV testing; (3) knowledge, attitudes, and beliefs; and (4) opinions regarding public policies.

**Sample Design**

The objective of the survey was to gather information about HIV/AIDS KABB among the general adult population of California. Additionally, the OA was interested in contrasting KABB between urban and rural residents in the state. A modified random-digit-dialing (RDD) sample was used. Four strata of roughly equal size were constructed: Los Angeles and surrounding Primary Metropolitan Statistical Areas (PMSAs), San Diego-Orange and adjacent PMSAs, San Francisco Bay Area PMSAs and the rest of the state of California (Non-Metro Stratum).

To ensure generalizability of the survey results, a random sampling of 8,803 telephone numbers in California was performed; 3,697 were eliminated as confirmed non-households. All residential households with an individual over the age of 18 were eligible to participate in the study. Depending on the preference of the study participant, the interviews were conducted in either English or Spanish.

**Questionnaire Development**

Where possible, CFCH adopted questionnaire items from prior surveys. After the English version of the questionnaire was finalized, CSG translated it into Spanish and then back-translated it into English using another translator. Discrepancies were resolved by modifying the Spanish translation.

**Cognitive Interviewing**

CSG conducted ten cognitive interviews to evaluate how the proposed survey questions were comprehended and to assess the meanings that individuals attached to them. These interviews were used to refine questions. The interviews were administered in face-to-face mode using a "think aloud" methodology and included interviewer probing after each question about understanding, interpretation, and affective response.

**Pre-testing and Expert Review**

Survey items were subjected to pre-testing and expert review. CSG conducted 70 pre-tests: 60 in English and ten in Spanish. In addition, input was sought from experts in the area of HIV and behavior regarding the question wording and flow.

**Interviewer Training, Oversight and Interviewer Characteristics**

In addition to 12-18 hours of general interviewer training and instruction, interviewers spent three hours studying materials prior to the survey briefing, and the briefing itself lasted two hours. Each interviewer received regular monitoring and feedback. The interviewers for this study were highly experienced. Most worked on at least four previous RDD surveys, and the majority had worked on other surveys about HIV and AIDS. The rest were experienced with other sensitive

topic interviews. The interviewers were distributed across major racial/ethnic groups with approximately equal numbers of males and females.

**Data Collection**
Data collection occurred between April 14 and June 22, 2000. Each phone number was dialed during daytime, evening, and weekend hours to maximize the likelihood of reaching someone at home. All numbers that were activated were dialed until a final disposition was obtained, until a maximum of 40 attempts were completed or until the fielding period concluded.

**Final Sample Status**
The final sample disposition results as well as descriptions of the methods used to calculate the response and cooperation rates are available in the *KABB Methods and Results* report.

**Response Rate**
The American Association for Public Opinion Research (AAPOR) has developed standard formulas for calculating survey response rates. Using the fourth formula where the eligibility of each sample unit is not known in advance, yields a 35.4 percent response rate for the survey. Although some researchers consider this estimate to be conservative, and many surveys fail to report this estimate, we believe that this constitutes a more accurate estimate of a survey's response rate than simply reporting a rate based upon known eligible households.

**Cooperation Rate**
The cooperation rate is defined as the proportion of all known eligible households where a respondent was interviewed. The cooperation rate for this study is 68.5 percent.

**Strategies to Improve Response Rate**
Several actions were taken to increase the response rate. First, up to 40 call attempts were made at different times of the day and different days of the week. An average of 11.25 call attempts were made to all numbers. Second, the survey period lasted for ten weeks allowing ample opportunity to reach people who might rarely be home.

To minimize item non-response, a gender-matching question was used. If the respondent was a different sex than the interviewer, the interviewer posed the question of whether they would prefer to be interviewed by someone of his/her own sex.

**Sample Weighting and Data Analysis Procedures**
Sample weights were developed to account for different probabilities of selection dependent on the number of phone lines in a household, and the number of eligible adults in the household. Post-stratification weights, which incorporated the sampling weights, were then used to adjust the sample population to the California Department of Finance (DOF) sex, race, and age projections for adults in 2000. A more detailed description of the sample weighting procedures appears in the *KABB Methods and Results* report. Results of the weighted estimates of age, race, and sex were compared to the 2000 California DOF projections (Table 2-13).

The results section of this report presents weighted frequency estimates and 95 percent confidence intervals for the responses to a select number of survey questions for the overall California adult population and also stratified by sociodemographic characteristics of the population. The sample size (n) listed in each table is the unweighted sample size. Pearson chi-square tests were performed to determine if there was an association between each sociodemographic characteristic and the variable of interest. The *KABB Methods and Results* report lists all survey variables stratified by sociodemographic factors. In this summary report,

sex, race/ethnicity, and education breakdowns are provided for selected survey questions. In addition, rural/urban breakdowns are included when there was a statistically significant relationship.

The frequency estimates, their standard errors, and the chi-square statistics were calculated using Stata 6.0 survey (SVY) procedures. When weighted survey data are analyzed, it is inappropriate to use conventional statistical procedures because the simple random sampling assumption underlying such procedures does not apply. In such situations conventional statistical analyses underestimate the true standard errors. Thus, we used Stata's SVY procedures as these procedures are designed to accommodate complex survey sample data.

**Table 2-13. Percentage of California Adult Population and Weighted Percentages of KABB Survey Sample by Sex, Race, and Age**

| Demographics | CA adults %* | KABB Preliminary-weighted %# (CI) | KABB Final-weighted %** (CI) |
|---|---|---|---|
| **Sex** | | | |
| Male | 49.8 | 40.8 (38.3,43.3) | 50.3 (44.5,53.2) |
| Female | 50.2 | 60.1 (57.6,62.6) | 49.7 (46.8,52.6) |
| **Race** | | | |
| White | 54.9 | 51.6 (49.1,54.1) | 54.2 (51.3,57.1) |
| African American | 6.6 | 7.4 (6.0,8.8) | 6.6 (5.4,7.8) |
| Hispanic/Latino | 26.4 | 32.4 (29.9,34.9) | 26.5 (24.1,29.1) |
| Asian/ Pacific Islander | 11.5 | 5.8 (4.5,7.1) | 10.8 (8.3,13.3) |
| American Indian | 0.6 | 1.2 (0.8,1.6) | 0.5 (0.3,0.7) |
| **Age** | | | |
| 18-24 | 12.8 | 18.9 (16.7,21.1) | 13.0 (11.2,14.8) |
| 25-34 | 20.1 | 24.0 (21.8,26.2) | 20.2 (18.0,22.4) |
| 35-44 | 23.1 | 20.9 (18.9,22.9) | 23.2 (21.0,25.7) |
| 45-54 | 18.0 | 15.8 (14.0,17.6) | 18.2 (16.0,20.4) |
| 55-64 | 11.1 | 9.6 (8.1,11.1) | 11.1 (9.1,13.1) |
| 65 or more | 14.9 | 10.7 (9.2,12.2) | 14.1 (11.9,16.4) |

* Based on 2000 projections from the California DOF.

# The preliminary weighted percentages account for the probability of selection of an individual respondent from each household.

** The final weighted percentages account for the individual's probability of selection and the post stratification adjustment.

## Sociodemographic Variables Included in Survey

Tables 2-14 and 2-15 summarize the sociodemographic characteristics of adults in California based upon our survey results after weighting the sample data. Various demographic estimates appear for the overall population and separately for each gender. Listed below are the specific sociodemographic variables and their definitions.

**Sex**
Each respondent was asked to tell the interviewer if he or she was male or female.

**Race**
The five racial categories given by DOF are White, African American, Hispanic/Latino, Asian/Pacific Islander, and American Indian.* In addition to these five racial categories, KABB survey respondents could provide an open-ended response. Middle Eastern respondents were reclassified as White. Of those respondents self-identified as mixed race, 44 respondents listed which racial groups comprised their racial background. Based on this list, the mixed race respondents were reclassified into one of the five racial groups previously mentioned.

**Educational Status**
Educational status was based upon responses to the question, "What was the highest grade or year of school that you completed?" Respondents who answered less than 12 were asked, "Did you receive a G.E.D?" Respondents who answered 12 were asked, "Did you receive a high school diploma or G.E.D?" Respondents who answered greater than 12 were asked, "Did you receive a two or four-year degree?"

In the results section, for simplicity we refer to adults with less than 12 years of education as "high school dropouts;" those with 12 years of education as "high school graduates;" those with 13-15 years of education as adults with "some college;" and those with 16 or more years of education as "college graduates."

**Urbanicity**
We used a definition of urbanicity previously defined by the OA for California.[2] The classification scheme was based on population density, median family income, number of housing units per square mile, ratio of physicians to residents, and the proportion of county land designated as rural. Based upon this definition the following counties were considered urban: Los Angeles, San Francisco, San Diego, Alameda, Orange, Riverside, Santa Clara, Sacramento, Contra Costa, San Mateo, Marin, and Ventura; and the rest of the counties in the state were considered rural. The county of residence was self-reported.

*Based on projections from the California DOF for the year 2000.

**Table 2-14 Sociodemographic Characteristics of Adults in California**

| | Total | | Men | | Women | |
|---|---|---|---|---|---|---|
| | %* | CI** | % | CI | % | CI |
| **All respondents (N=1739)** | - | - | 50.3 | (47.4,53.1) | 49.7 | (46.9,52.6) |
| **Age (years) (N=1730)** | | | | | | |
| 18-24 | 13.0 | (11.3,14.8) | 13.5 | (10.7,16.4) | 12.5 | (10.4,14.7) |
| 25-34 | 20.2 | (18.0,22.4) | 21.2 | (17.8,24.7) | 19.2 | (16.5,21.9) |
| 35-44 | 23.2 | (20.9,25.6) | 23.5 | (19.9,27.1) | 23.0 | (19.8,26.1) |
| 45-54 | 18.2 | (15.9,20.6) | 18.0 | (14.6,21.5) | 18.4 | (15.3,21.6) |
| 55-64 | 11.1 | (9.1,13.2) | 10.9 | (7.7,14.1) | 11.3 | (8.9,13.8) |
| ≥ 65 | 14.1 | (12.0,16.3) | 12.8 | (9.7,15.9) | 15.5 | (12.7,18.4) |
| **Race (N=1739)** | | | | | | |
| White | 54.2 | (51.3,57.1) | 52.4 | (48.0,56.8) | 56.0 | (52.2,59.8) |
| African American | 6.6 | (5.4,7.9) | 6.5 | (4.7,8.2) | 6.8 | (5.0,8.5) |
| Hispanic | 26.5 | (23.9,29.1) | 27.5 | (23.5,31.6) | 25.4 | (22.3,28.6) |
| Asian/Pacific Islander | 10.8 | (8.3,13.3) | 11.2 | (7.6,14.8) | 10.4 | (6.9,14.0) |
| Other Races | 1.9 | (1.3,2.5) | 2.4 | (1.3,3.5) | 1.4 | (0.7,2.0) |
| **Education (years) (N=1735)** | | | | | | |
| < 12 | 16.3 | (14.1,18.6) | 14.7 | (11.2,18.1) | 18.0 | (15.1,21.0) |
| = 12 | 26.9 | (24.4,29.4) | 26.2 | (22.5,30.0) | 27.5 | (24.2,30.8) |
| 13-15 | 25.6 | (23.2,28.1) | 23.1 | (19.5,26.6) | 28.2 | (24.8,31.6) |
| ≥ 16 | 31.2 | (28.5,33.8) | 36.0 | (31.8,40.2) | 26.3 | (23.0,29.5) |
| **Employment Status (N=1732)** | | | | | | |
| Full-time | 55.0 | (52.2,57.9) | 67.0 | (62.9,71.1) | 42.9 | (39.2,46.6) |
| Part-time | 12.6 | (10.8,14.4) | 10.6 | (8.0,13.2) | 14.7 | (12.3,17.1) |
| Not employed | 15.9 | (14.0,17.9) | 7.6 | (5.3,9.8) | 24.4 | (21.3,27.5) |
| Retired | 16.4 | (14.2,18.6) | 14.8 | (11.6,18.1) | 18.1 | (15.1,21.1) |
| **Student Status (N=1733)** | | | | | | |
| Not a student | 83.5 | (81.5,85.5) | 83.8 | (80.7,86.9) | 83.2 | (80.7,85.7) |
| Full-time | 8.6 | (7.0,10.1) | 8.7 | (6.3,11.1) | 8.5 | (6.5,10.4) |
| Part-time | 7.9 | (6.6,9.3) | 7.5 | (5.4,9.6) | 8.3 | (6.6,10.1) |
| **Sexual Preference (N=1711)** | | | | | | |
| Heterosexual | 97.2 | (96.4,97.9) | 97.4 | (96.1,98.6) | 97.0 | (96.0,97.9) |
| Gay/Lesbian | 1.3 | (0.7,1.8) | 1.9 | (0.8,2.9) | 0.6 | (0.2,1.1) |
| Bisexual | 1.6 | (1.0,2.1) | 0.8 | (0.1,1.4) | 2.4 | (1.5,3.2) |

* Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

** 95 percent confidence intervals.

**Table 2-15 Sociodemographic Characteristics of Adults in California (continued)**

| | Total | | Men | | Women | |
|---|---|---|---|---|---|---|
| | %* | CI** | % | CI | % | CI |
| **Income ($) (N=1739)** | | | | | | |
| < 10,000 | 4.8 | (3.6,6.0) | 3.3 | (1.6,5.0) | 6.4 | (4.7,8.1) |
| 10,000-14,999 | 6.7 | (5.4,8.1) | 6.0 | (4.0,7.9) | 7.5 | (5.6,9.4) |
| 15,000-24,999 | 10.7 | (9.1,12.4) | 9.9 | (7.4,12.3) | 11.5 | (9.3,13.7) |
| 25,000-34,999 | 10.9 | (9.1,12.8) | 11.2 | (8.2,14.2) | 10.6 | (8.5,12.8) |
| 35,000-49,999 | 13.5 | (11.6,15.4) | 15.2 | (12.1,18.3) | 11.8 | (9.6,14.0) |
| 50,000-74,999 | 16.8 | (14.7,19.0) | 16.0 | (12.9,19.1) | 17.7 | (14.7,20.7) |
| 75,000-99,999 | 9.0 | (7.3,10.6) | 10.5 | (7.8,13.1) | 7.5 | (5.5,9.5) |
| ≥100,000 | 17.0 | (14.6,19.3) | 20.8 | (17.0,24.5) | 13.1 | (10.5,15.8) |
| Missing | 10.5 | (8.8,12.3) | 7.3 | (5.2,9.4) | 13.8 | (11.1,16.6) |
| **Poverty Status (N=1739)** | | | | | | |
| Above poverty level | 81.1 | (78.8,83.3) | 84.3 | (81.0,87.5) | 77.8 | (74.7,81.0) |
| Below poverty level | 9.9 | (8.1,11.6) | 8.2 | (5.6,10.8) | 11.6 | (9.2,13.9) |
| Missing | 9.1 | (7.5,10.7) | 7.6 | (5.4,9.7) | 10.6 | (8.2,13.0) |
| **Urban/rural (self-report) (N=1709)** | | | | | | |
| Large city | 38.2 | (35.4,41.0) | 38.0 | (33.8,42.3) | 38.3 | (34.7,41.9) |
| Suburb | 19.7 | (17.3,22.0) | 20.7 | (16.9,24.5) | 18.6 | (15.8,21.3) |
| Small city | 32.1 | (29.4,34.9) | 31.2 | (27.2,35.3) | 33.1 | (29.4,36.8) |
| Rural area | 10.0 | (8.4,11.6) | 10.0 | (7.5,12.5) | 10.0 | (7.9,12.1) |
| **Language of interview (N=1739)** | | | | | | |
| English | 84.0 | (81.7,86.2) | 83.9 | (80.4,87.4) | 84.0 | (81.3,86.8) |
| Spanish | 16.0 | (13.8,18.3) | 16.1 | (12.6,19.6) | 16.0 | (13.2,18.7) |

* Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.
** 95 percent confidence intervals.

# RESULTS

The results of the California 2000 HIV/AIDS KABB Survey are summarized in the four sections listed below. Frequency breakdowns are provided for a select number of survey questions by sex, race/ethnicity, and education. When statistically significant, breakdowns are also provided by rural/urban classification.

(1) HIV Risk Factors and Related Behaviors
(2) Personal Experience with HIV Testing
(3) Knowledge, Attitudes, and Beliefs
(4) Opinions Regarding Public Policies

The tables presented in this summary report were selected from the *KABB Methods and Results* report, which lists all survey items. Table numbering is therefore, not sequential, but instead corresponds to table numbering in the *KABB Methods and Results* report.

## (1) HIV Risk Factors and Related Behaviors

We employed a series of behavioral definitions to measure risk. One way to assess risk is self-perceived risk. Approximately one in 11 adults (9 percent) perceived their risk of HIV infection to be "moderate," and one in 38 adults (3 percent) perceived their risk of infection as "high." High school dropouts were among the groups most likely to perceive their risk to be "moderate" or "high" (31 percent), whereas college graduates were among the groups least likely to perceive their risk to be "moderate" or "high" (6 percent). Perceived risk did not vary by gender or urbanicity.

Our first definition of high risk sexual behavior includes having sexual intercourse with someone who is HIV-positive or with someone who has injected non-prescription drugs. In addition, for males it includes having sexual intercourse with other males (MSM), and for females, sexual intercourse with MSM. For the purpose of the survey, sexual intercourse was defined as "vaginal intercourse, which is when a penis is put into a vagina, or anal intercourse, which is when a penis is put in an anus or rectum." With this first definition of high risk sex, one in 20 California adults (5 percent) engaged in high risk sex at least once in their lifetime, and one in 33 (3 percent) did this with a "casual" sex partner. Casual sex was defined as sex that is not part of a long-term or committed relationship. Engaging in sex with a partner who is at risk of HIV did not vary by education, gender, or urbanicity.

A second definition of high risk sex involves having sexual intercourse with at least six partners in the last 12 months. Nine in 1,000 adults reported having sexual intercourse with six or more partners in the 12 months prior to the survey. According to this definition, groups most likely to have high risk sex included high school dropouts (1.7 percent), males (1.5 percent), and residents of urban areas (1.2 percent). Groups least likely to have six or more sexual partners included adults with some college (0.5 percent), residents of rural areas (0.3 percent), and females (0.2 percent).

A third definition of high risk sex involves having sexual intercourse with "casual" partners. One in 11 adults (9 percent) reported having sexual intercourse with at least one casual partner in the 12 months prior to the survey. According to this definition, males (13 percent) were more likely to have high risk sex than females (4 percent). No differences were observed for education or urbanicity. It should be noted, that almost half (46 percent) of those who had sexual intercourse

with “casual” partners reported using a condom every time, which would reduce their risk of HIV infection.

Injection drug use (IDU) (i.e., injection of non-prescription drugs including vitamins and steroids) is a risk factor for HIV infection if the user shares needles with others and does not properly clean them. The survey assessed IDU but did not ask about the sharing or cleaning of needles. One in 25 respondents (4 percent) reported IDU during their lifetime. High school dropouts (8 percent) were most likely to report lifetime IDU, and college graduates (1 percent) were least likely to report this behavior. Eight in 1,000 adults reported IDU in the 12 months prior to the survey. High school graduates were most likely to have used injection drugs in the 12 months prior to the survey (2 percent), and college graduates were least likely to have used them during this period (<1 percent). No differences were observed for sex or urbanicity.

A composite measure of HIV risk behavior was constructed based upon whether a respondent reported any of the following behaviors in the 12 months prior to the survey: had sexual intercourse with six or more partners, had high risk sex with a “casual” partner (based upon the first definition above), or had engaged in IDU. Two in 100 adults (2 percent) had recently engaged in behavior that placed them at risk for HIV. Males (4 percent) were more likely to have placed themselves at risk for HIV than females (1 percent). No differences were observed for education or urbanicity.

***Sample of Questions Regarding HIV Risk Factors and Related Behaviors***

**3-1 What are your chances of getting infected with HIV?**

Approximately half of Californians (51 percent) perceived themselves to have no risk of HIV infection, 37 percent believed their risk of infection to be "low," 9 percent perceived their risk as "moderate," and 3 percent perceived their risk as "high."

- **Race** **(p<0.0001)**

Hispanics were more likely to perceive themselves to be at moderate or high risk of HIV infection (28 percent), as compared to African American (13 percent), Asians (8 percent), other races (7 percent), and Whites (5 percent).

- **Education** **(p<0.0001)**

Adults with less education perceived themselves to be at greater risk of HIV infection. High school dropouts were more likely to perceive themselves at moderate or high risk of HIV infection (31 percent), as compared to high school graduates (13 percent), those with 13-15 years of education (7 percent), and college graduates (6 percent).

Table 3-1
What are your chances of getting infected with HIV? (N=1713)*

| | High | | Medium | | Low | | None | |
|---|---|---|---|---|---|---|---|---|
| | %# | (CI)** | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 2.6 | (1.7,3.4) | 9.4 | (7.7,11.1) | 37.2 | (34.5,40.0) | 50.8 | (47.9,53.7) |
| **Sex** | | | | | | | | |
| Male | 2.9 | (1.6,4.3) | 10.8 | (8.1,13.5) | 38.2 | (34.0,42.4) | 48.0 | (43.6,52.5) |
| Female | 2.2 | (1.2,3.2) | 7.9 | (5.9,9.9) | 36.2 | (32.6,39.8) | 53.7 | (50.0,57.4) |
| **Race/Ethnicity** | | | | | | | | |
| White | 0.7 | (0.3,1.1) | 4.7 | (3.2,6.3) | 39.6 | (36.2,43.1) | 55.0 | (51.5,58.5) |
| African American | 1.7 | (0.0,4.3) | 11.1 | (5.5,16.7) | 38.0 | (28.8,47.3) | 49.2 | (39.6,58.8) |
| Hispanic | 7.5 | (4.6,10.4) | 20.3 | (15.7,25.0) | 29.1 | (24.0,34.2) | 43.1 | (37.3,48.9) |
| Asian/ Pacific Islander | 0.9 | (0.0,2.4) | 6.8 | (0.7,12.8) | 42.4 | (30.1,54.8) | 49.8 | (37.1,62.6) |
| Other | 3.8 | (0.0,9.2) | 3.4 | (0.0,8.8) | 44.7 | (27.4,61.9) | 48.2 | (31.0,65.3) |
| **Education (years)** | | | | | | | | |
| < 12 | 9.6 | (5.4,13.9) | 21.1 | (14.8,27.4) | 24.5 | (18.1,30.8) | 44.8 | (37.0,52.6) |
| = 12 | 2.2 | (0.9,3.5) | 11.2 | (7.7,14.7) | 35.3 | (30.0,40.6) | 51.4 | (46.0,56.8) |
| 13-1 5 | 0.7 | (0.0,1.4) | 6.2 | (3.5,8.8) | 39.7 | (34.3,45.0) | 53.5 | (48.0,59.0) |
| ≥ 16 | 1.0 | (0.2,1.8) | 4.7 | (2.6,6.7) | 43.2 | (38.0,48.4) | 51.1 | (45.9,56.4) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
#Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.
** 95 percent confidence intervals.

**3-2 Have you had sex with a partner who at the time was any of the following: another man (for male respondents), a man who has had sex with other men (for female respondents), a person who has injected non-prescription drugs, a person who has tested HIV-positive for HIV/AIDS?**

For males the risk of HIV infection is greater for those who have sexual intercourse with other males (MSM), and for females, the risk is greater for those who have sexual intercourse with MSM. The risk is also greater for individuals who have sex with injection drug users, and for those who have sex with partners who are infected with HIV. An individual who reported ever having sex with any of the above individuals was considered to have engaged in high risk sex. By this definition, one in 20 (5 percent) Californians had engaged in high risk sex at least once in their lifetime. The term "sexual intercourse" was defined as follows in the survey: "By sexual intercourse I mean vaginal intercourse, which is when a penis is put into a vagina, or anal intercourse, which is when a penis is put in an anus or rectum."

- **Race (p=0.02)**

  Whites were more likely to have had high risk sex (7 percent), as compared to other races (5 percent), African Americans (4 percent), Hispanics (4 percent), and Asians (1 percent).

Table 3-2
Have you ever engaged in high risk sex? (N=1712) *

| | Yes | | No | |
|---|---|---|---|---|
| | %** | ( 95% CI) | % | (CI) |
| **All respondents** | 5.2 | (4.1,6.3) | 94.8 | (93.7,95.9) |
| **Sex** | | | | |
| Male | 4.9 | (3.2,6.5) | 95.1 | (93.5,96.8) |
| Female | 5.5 | (4.1,7.0) | 94.5 | (93.0,95.9) |
| **Race/Ethnicity** | | | | |
| White | 6.9 | (5.2,8.7) | 93.1 | (91.3,94.8) |
| African American | 3.9 | (0.6,7.2) | 96.1 | (92.8,99.4) |
| Hispanic | 3.5 | (1.8,5.3) | 96.5 | (94.7,98.2) |
| Asian/Pacific Islander | 1.4 | (0.0,3.8) | 98.6 | (96.2,100.0) |
| Other | 5.4 | (0.0,11.5) | 94.6 | (88.5,100.0) |
| **Education (years)** | | | | |
| < 12 | 3.5 | (1.1,5.9) | 96.5 | (94.1,98.9) |
| = 12 | 4.5 | (2.5,6.6) | 95.5 | (93.4,97.5) |
| 13-15 | 5.1 | (3.0,7.1) | 94.9 | (92.9,97.0) |
| ≥ 16 | 6.8 | (4.5,9.1) | 93.2 | (90.9,95.5) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000

**3-5 During the last 12 months, with how many people have you had sexual intercourse?**

The risk of HIV infection is greater among those who have multiple sex partners. In the 12 months prior to the survey, 21 percent of respondents did not have any sexual partners, 70 percent had 1 partner, 8 percent had 2 to 5 partners, and 1 percent had 6 or more partners.

- **Sex** **(p<0.0001)**

Males were more likely to have had at least six sex partners in the last 12 months (2 percent) than females (<1 percent).

- **Race** **(p=0.01)**

African Americans were more likely to have had at least six sex partners in the last 12 months (3 percent), as compared to Hispanics (1 percent), other races (1 percent), Whites (1 percent), and Asians (<1 percent).

- **Urban/rural** **(p=0.04)**

Residents of urban areas were more likely to have had at least six sex partners in the last 12 months (1 percent) as compared to residents of rural areas (<1 percent).

- **Education** **(p=0.01)**

High school dropouts were more likely to have had at least six sex partners in the last 12 months (2 percent), as compared to college graduates (1 percent), high school graduates (1 percent), and those with some college (1 percent).

Table 3-5
During the last 12 months, with how many people have you had sexual intercourse? (N=1721) *

| | 0 | | 1 | | 2-5 | | ≥ 6 | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 20.7 | (18.5,22.9) | 70.1 | (67.6,72.7) | 8.3 | (6.8,9.8) | 0.9 | (0.4,1.3) |
| **Sex** | | | | | | | | |
| Male | 14.3 | (11.4,17.2) | 73.2 | (69.5,76.9) | 11.0 | (8.5,13.5) | 1.5 | (0.6,2.4) |
| Female | 27.2 | (23.9,30.5) | 67.0 | (63.6,70.5) | 5.6 | (4.0,7.2) | 0.2 | (0.0,0.4) |
| **Race/Ethnicity** | | | | | | | | |
| White | 22.7 | (19.9,25.5) | 69.4 | (66.3,72.5) | 7.4 | (5.6,9.2) | 0.5 | (0.1,0.9) |
| African American | 20.1 | (12.6,27.5) | 59.7 | (50.4,69.0) | 17.6 | (10.5,24.8) | 2.6 | (0.2,5.0) |
| Hispanic | 17.5 | (12.7,22.2) | 73.8 | (68.6,79.0) | 7.4 | (4.7,10.0) | 1.4 | (0.0,2.8) |
| Asian/ Pacific Islander | 17.8 | (10.0,25.7) | 73.6 | (63.8,83.4) | 8.4 | (2.2,14.7) | 0.2 | (0.0,0.5) |
| Other | 29.4 | (14.8,44.0) | 53.1 | (35.4,70.8) | 16.3 | (1.0,31.6) | 1.2 | (0.0,3.7) |
| **Urban/Rural** | | | | | | | | |
| Urban | 20.4 | (17.8,23.1) | 68.9 | (65.7,72.0) | 9.5 | (7.6,11.4) | 1.2 | (0.5,1.9) |
| Rural | 20.5 | (16.6,24.5) | 73.1 | (68.7,77.4) | 6.1 | (3.8,8.5) | 0.3 | (0.0,0.6) |
| **Education (years)** | | | | | | | | |
| < 12 | 23.6 | (16.8,30.4) | 66.9 | (59.6,74.2) | 7.7 | (4.1,11.4) | 1.7 | (0.0,4.0) |
| = 12 | 26.1 | (21.5,30.7) | 67.1 | (62.2,72.0) | 6.1 | (3.8,8.4) | 0.7 | (0.1,1.3) |
| 13-15 | 19.7 | (15.7,23.7) | 69.1 | (64.2,73.9) | 10.8 | (7.5,14.1) | 0.5 | (0.0,1.0) |
| ≥ 16 | 15.2 | (12.0,18.4) | 75.5 | (71.4,79.5) | 8.4 | (5.7,11.2) | 0.9 | (0.2,1.6) |

* May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-6 During the last 12 months how many casual sex partners have you had?**

The risk of HIV infection is greater among those who have "casual" sexual partners. In the 12 months prior to the survey, nine percent of adults had at least one casual sex partner.

- **Sex** **(p<0.0001)**

  Males (13 percent) were more likely to have at least one casual sex partner than females (4 percent) in the 12 months prior to the survey.

Table 3-6
During the last 12 months how many casual sex partners have you had? (N=1715) *

| | 0 | | 1 | | 2-5 | | ≥ 6 | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 91.0 | (89.4,92.7) | 5.7 | (4.3,7.0) | 2.8 | (1.9,3.7) | 0.5 | (0.1,0.9) |
| **Sex** | | | | | | | | |
| Male | 85.7 | (82.7,88.7) | 8.0 | (5.6,10.5) | 4.3 | (2.7,5.9) | 0.9 | (0.2,1.7) |
| Female | 94.0 | (92.3,95.6) | 3.1 | (1.9,4.3) | 1.2 | (0.5,1.8) | 0.1 | (0.0,0.2) |
| **Race/Ethnicity** | | | | | | | | |
| White | 92.1 | (90.2,94.1) | 4.9 | (3.2,6.5) | 2.7 | (1.6,3.8) | 0.3 | (0.0,0.6) |
| African American | 85.8 | (79.4,92.2) | 8.9 | (3.4,14.3) | 4.2 | (0.8,7.6) | 1.1 | (0.0,2.8) |
| Hispanic | 89.7 | (86.1,93.3) | 7.2 | (4.0,10.5) | 2.0 | (0.8,3.3) | 1.0 | (0.0,2.3) |
| Asian/ Pacific Islander | 92.4 | (86.6,98.2) | 3.2 | (0.0,7.0) | 4.2 | (0.0,8.6) | 0.2 | (0.0,0.5) |
| Other | 87.7 | (73.1,100.0) | 9.4 | (0.0,23.3) | 2.9 | (0.0,8.5) | 0.0 | (0.0,7.3) |
| **Education (years)** | | | | | | | | |
| < 12 | 86.3 | (80.6,92.1) | 10.1 | (4.8,15.4) | 2.4 | (0.4,4.3) | 1.2 | (0.0,3.2) |
| = 12 | 93.2 | (90.6,95.8) | 4.5 | (2.5,6.6) | 1.9 | (0.3,3.4) | 0.4 | (0.0,0.9) |
| 13-15 | 90.8 | (87.7,93.8) | 5.2 | (2.8,7.6) | 3.7 | (1.8,5.6) | 0.3 | (0.0,0.7) |
| ≥ 16 | 91.9 | (89.2,94.6) | 4.7 | (2.5,6.9) | 2.9 | (1.3,4.5) | 0.4 | (0.0,0.9) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-9 Was a condom used the last time you had sexual intercourse?**

The use of a condom during sexual intercourse can reduce the risk of HIV transmission. Among sexually active respondents (i.e., those who had sexual intercourse in the last 12 months), 25 percent reported that a condom was used the last time they had sexual intercourse.

- **Sex** **(p=0.02)**

  Females were less likely to report that a condom was used the last time they had sexual intercourse (22 percent) than males (28 percent).

- **Urban/rural** **(p=0.02)**

  Adults residing in rural areas were less likely to use condoms the last time they had sexual intercourse (20 percent) than those residing in urban areas (27 percent).

Table 3-9
Was a condom used the last time you had sexual intercourse? (N=1195)*

| | Yes | | No | |
|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) |
| **All respondents** | 25.0 | (22.2,27.9) | 75.0 | (72.1,77.8) |
| **Sex** | | | | |
| Male | 28.0 | (23.6,32.3) | 72.0 | (67.7,76.4) |
| Female | 21.5 | (18.0,25.0) | 78.5 | (75.0,82.0) |
| **Race/Ethnicity** | | | | |
| White | 22.9 | (19.2,26.6) | 77.1 | (73.4,80.8) |
| African American | 36.3 | (26.0,46.6) | 63.7 | (53.4,74.0) |
| Hispanic | 24.9 | (19.7,30.1) | 75.1 | (69.9,80.3) |
| Asian/Pacific Islander | 24.9 | (13.5,36.3) | 75.1 | (63.7,86.5) |
| Other | 47.9 | (23.7,72.2) | 52.1 | (27.8,76.3) |
| **Urban/Rural** | | | | |
| Urban | 27.4 | (23.7,31.1) | 72.6 | (68.9,76.3) |
| Rural | 20.2 | (15.7,24.7) | 79.8 | (75.3,84.3) |
| **Education (years)** | | | | |
| < 12 | 22.5 | (15.7,29.3) | 77.5 | (70.7,84.3) |
| = 12 | 26.8 | (21.0,32.6) | 73.2 | (67.4,79.0) |
| 13-15 | 22.5 | (17.5,27.6) | 77.5 | (72.4,82.5) |
| ≥ 16 | 26.8 | (21.4,32.1) | 73.2 | (67.9,78.6) |

*May not equal total sample size because question asked only of respondents who reported having any sexual partners in the past 12 months and "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-15 Have you ever used needles to inject non-prescription drugs including vitamins and steroids?**

IDU is a major risk factor for HIV infection if the user shares the needle with others and does not adequately clean it. One in 25 respondents (4 percent) reported IDU during their lifetime.

- **Education (p=0.003)**

  Lifetime IDU was more likely among adults with less education. High school dropouts were most likely to have used injection drugs during their lifetime (8 percent), followed by high school graduates (4 percent) and adults with some college (5 percent). College graduates were least likely to have used injection drugs (1 percent).

Table 3-15
Have you ever used needles to inject non-prescription drugs? (N=1735)*

| | Yes | | No | |
|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) |
| **All respondents** | 3.9 | (2.8,5.1) | 96.1 | (94.9,97.2) |
| **Sex** | | | | |
| Male | 4.9 | (3.0,6.9) | 95.1 | (93.1,97.0) |
| Female | 2.9 | (1.7,4.1) | 97.1 | (95.9,98.3) |
| **Race/Ethnicity** | | | | |
| White | 4.1 | (2.6,5.6) | 95.9 | (94.4,97.4) |
| African American | 3.0 | (0.0,6.1) | 97.0 | (93.9,100.0) |
| Hispanic | 5.7 | (2.8,8.6) | 94.3 | (91.4,97.2) |
| Asian/Pacific Islander | 0.0 | (0.0,3.8) | 100.0 | (96.2,100.0) |
| Other | 0.0 | (0.0,6.8) | 100.0 | (93.2,100.0) |
| **Education (years)** | | | | |
| < 12 | 7.5 | (3.1,11.9) | 92.5 | (88.1,96.9) |
| = 12 | 4.1 | (2.0,6.2) | 95.9 | (93.8,98.0) |
| 13-15 | 4.8 | (2.4,7.1) | 95.2 | (92.9,97.6) |
| ≥ 16 | 1.3 | (0.3,2.2) | 98.7 | (97.8,99.7) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

### 3-17 Composite high risk score

Respondents were said to engage in high risk behavior for HIV infection if they did any one of the following in the past 12 months: had more than six sex partners, had high risk sex with a casual sex partner or injected non-prescription drugs. Based upon this definition, 2 percent of adults engaged in at least one high risk behavior in the past 12 months.

- **Sex** **(p=0.0004)**

  More males (4 percent) than females (1 percent) engaged in at least one high risk behavior in the past 12 months.

Table 3-17
Composite high risk score (N=1703)*

| | No risk behavior | | At least one risk behavior | |
|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) |
| **All respondents** | 97.6 | (96.8,98.5) | 2.4 | (1.5,3.2) |
| **Sex** | | | | |
| Male | 96.3 | (94.8,97.8) | 3.7 | (2.2,5.2) |
| Female | 98.9 | (98.3,99.6) | 1.1 | (0.4,1.7) |
| **Race/Ethnicity** | | | | |
| White | 97.8 | (96.8,98.9) | 2.2 | (1.1,3.2) |
| African American | 96.5 | (93.6,99.4) | 3.5 | (0.6,6.4) |
| Hispanic | 96.9 | (95.0,98.9) | 3.1 | (1.1,5.0) |
| Asian/Pacific Islander | 98.6 | (96.2,100.0) | 1.4 | (0.0,3.8) |
| Other | 98.7 | (96.2,100.0) | 1.3 | (0.0,3.8) |
| **Education (years)** | | | | |
| < 12 | 96.7 | (93.9,99.4) | 3.3 | (0.6,6.1) |
| = 12 | 97.1 | (95.4,98.8) | 2.9 | (1.2,4.6) |
| 13-15 | 98.8 | (97.9,99.7) | 1.2 | (0.3,2.1) |
| ≥ 16 | 97.6 | (96.0,99.2) | 2.4 | (0.8,4.0) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

### (2) Personal Experience with HIV Testing

As with all of the data in this survey, the HIV testing data were based upon respondent self-reports and were not validated. The survey found that approximately one-half of all adults (51 percent) had been tested for HIV in their lifetime. The most commonly cited reasons for testing were routine checkups (18 percent), pregnancy exams (15 percent), and curiosity (14 percent). College graduates (57 percent) were most likely to have been tested for HIV, and high school dropouts (43 percent) were least likely to be tested. No differences were found for sex or urbanicity.

The results suggest that among all Californian adults, three per 1,000 is HIV-positive. With 95 percent confidence, the population estimate for this statistic ranges from one per 1,000 to five per 1,000. Note that these results are based upon self-reports of only those who had been tested and have not been clinically validated.

***Sample of Questions Regarding Personal Experience with HIV Testing***

**3-18 Except for tests you may have had as part of blood donations, have you ever been tested for HIV?**

Approximately one-half of all adults (51 percent) had been tested for HIV at least once in their lifetime.

- **Race** **(p=0.03)**

Asians (44 percent) and Hispanics (46 percent) were less likely to have been tested for HIV as compared to Whites (52 percent), adults of other races (64 percent), and African Americans (66 percent).

- **Education** **(p=0.02)**

Adults with less education were less likely to have been tested for HIV. High school dropouts were least likely to be tested (43 percent), followed by high school graduates (48 percent), those with some college (51 percent), and college graduates (57 percent).

Table 3-18
Have you ever been tested for HIV? (N=1680)*

| | Yes | | No | |
|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) |
| **All respondents** | 50.5 | (47.5,53.4) | 49.5 | (46.6,52.5) |
| **Sex** | | | | |
| Male | 48.4 | (44.0,52.9) | 51.6 | (47.1,56.0) |
| Female | 52.6 | (48.8,56.3) | 47.4 | (43.7,51.2) |
| **Race/Ethnicity** | | | | |
| White | 51.5 | (48.0,55.1) | 48.5 | (44.9,52.0) |
| African American | 66.1 | (56.5,75.7) | 33.9 | (24.3,43.5) |
| Hispanic | 46.2 | (40.5,51.9) | 53.8 | (48.1,59.5) |
| Asian/Pacific Islander | 44.0 | (30.9,57.1) | 56.0 | (42.9,69.1) |
| Other | 64.4 | (47.3,81.5) | 35.6 | (18.5,52.7) |
| **Education (years)** | | | | |
| < 12 | 42.8 | (35.2,50.4) | 57.2 | (49.6,64.8) |
| = 12 | 47.7 | (42.2,53.1) | 52.3 | (46.9,57.8) |
| 13-15 | 51.2 | (45.5,56.9) | 48.8 | (43.1,54.5) |
| ≥ 16 | 56.6 | (51.3,61.8) | 43.4 | (38.2,48.7) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-20b What was the main reason you had your last test for HIV?**

Eighteen percent of adults in California who were tested for HIV reported that a routine check-up was the main reason for their last HIV test; 15 percent reported they were last tested because of pregnancy, and 14 percent said they just wanted to know. Fifty-three percent of adults provided some other reason for their last HIV test.

- **Sex** **(p<0.0001)**

  Men (22 percent) were more likely to report that a routine check-up was the main reason they had their last HIV test as compared to women (15 percent).

- **Race** **(p=0.04)**

  Hispanics (23 percent) were more likely to report that pregnancy was the main reason they had their last HIV test, as compared to Whites (12 percent), African Americans (12 percent), Asians (11 percent) and other races (1 percent).

- **Education** **(p=0.0002)**

  High school dropouts (28 percent) were more likely to report that pregnancy was the main reason they had their last HIV test, as compared to high school graduates (20 percent), adults with some college (11 percent), and college graduates (8 percent).

Table 3-20b
What was the main reason you had your last test for HIV ? (N=902)*

| | Routine check-up | | Pregnancy | | Just wanted to know/curiosity | | Other | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 18.2 | (15.3,21.0) | 14.5 | (11.8,17.2) | 14.2 | (11.3,17.1) | 53.2 | (49.2,57.2) |
| **Sex** | | | | | | | | |
| Male | 22.0 | (17.1,26.9) | 2.1 | (0.3,4.0) | 14.5 | (10.0,19.0) | 61.4 | (55.3,67.5) |
| Female | 14.6 | (11.3,17.8) | 26.0 | (21.6,30.5) | 13.9 | (10.1,17.6) | 45.5 | (40.4,50.6) |
| **Race/Ethnicity** | | | | | | | | |
| White | 16.2 | (12.5,19.9) | 12.3 | (9.3,15.4) | 13.2 | (9.7,16.7) | 58.3 | (53.3,63.2) |
| African American | 22.2 | (12.7,31.7) | 12.2 | (5.4,19.0) | 20.2 | (11.4,28.9) | 45.4 | (33.8,56.9) |
| Hispanic | 22.8 | (16.6,29.0) | 22.8 | (17.1,28.4) | 15.0 | (8.8,21.2) | 39.4 | (31.8,47.0) |
| Asian/ Pacific Islander | 13.9 | (3.5,24.3) | 11.1 | (0.0,26.4) | 14.7 | (0.4,28.9) | 60.4 | (40.2,80.6) |
| Other | 17.4 | (4.5,30.4) | 0.6 | (0.0,1.7) | 4.6 | (0.0,10.5) | 77.4 | (63.1,91.8) |
| **Education (years)** | | | | | | | | |
| < 12 | 20.1 | (12.1,28.1) | 28.4 | (19.4,37.4) | 13.2 | (4.0,22.5) | 38.3 | (27.5,49.1) |
| = 12 | 18.8 | (12.9,24.6) | 20.2 | (13.3,27.0) | 12.4 | (7.3,17.6) | 48.6 | (40.7,56.6) |
| 13-15 | 20.1 | (14.2,26.0) | 10.6 | (7.0,14.2) | 15.6 | (10.3,21.0) | 53.6 | (46.3,61.0) |
| ≥ 16 | 15.6 | (11.0,20.1) | 7.8 | (4.5,11.0) | 14.8 | (9.6,19.9) | 61.9 | (55.1,68.7) |

*May not equal total sample size because question asked only of respondents who felt the method would be effective in preventing the spread of HIV and "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-24b What was the result of that test?**

Among all adults, 43 percent reported that they had negative results, less than one percent reported positive test results, and less than one percent had indeterminate results. Thus, the survey results suggest that among all adults, three per 1,000 are HIV-positive. With 95 percent confidence, the population estimate for this statistic ranges from one per 1,000 to five per 1,000. Note that these results are based upon self-report and have not been clinically validated.

- **Race** **(p=0.02)**

A greater percentage of adults of other races tested for HIV and reported positive test results (1 percent) than Whites (<1 percent), Hispanics (<1 percent), African Americans (0 percent) and Asians (0 percent).

- **Urban/rural** **(p=0.05)**

Adults from rural areas were more likely to be tested for HIV and to report indeterminate test results (<1 percent) than adults from urban areas (0 percent).

- **Education** **(p=0.003)**

Adults with less education were less likely to have been tested for HIV and/or to be tested and not disclose the results of their test. High school dropouts were least likely to be tested (68 percent), followed by high school graduates (59 percent), those with some college (56 percent), and college graduates (49 percent).

Table 3-24b
What was the result of that test? (N=1739)*

| | Positive | | Negative | | Indeterminate | | Refused or not tested | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 0.3 | (0.1,0.5) | 42.9 | (40.1,45.7) | 0.1 | (0.0,0.3) | 56.7 | (53.9,59.6) |
| **Sex** | | | | | | | | |
| Male | 0.4 | (0.1,0.8) | 41.6 | (37.2,45.9) | 0.2 | (0.0,0.6) | 57.7 | (53.4,62.1) |
| Female | 0.1 | (0.0,0.3) | 44.2 | (40.5,47.9) | 0.0 | (0.0,0.4) | 55.7 | (52.0,59.4) |
| **Race/Ethnicity** | | | | | | | | |
| White | 0.3 | (0.0,0.6) | 44.2 | (40.7,47.6) | 0.0 | (0.0,0.4) | 55.5 | (52.0,59.0) |
| African American | 0.0 | (0.0,2.8) | 57.5 | (47.8,67.1) | 1.2 | (0.0,3.5) | 41.3 | (31.7,50.9) |
| Hispanic | 0.3 | (0.0,0.7) | 37.3 | (32.0,42.7) | 0.2 | (0.0,0.4) | 62.2 | (56.9,67.6) |
| Asian/ Pacific Islander | 0.0 | (0.0,3.8) | 39.5 | (26.5,52.4) | 0.0 | (0.0,3.8) | 60.5 | (47.6,73.5) |
| Other | 1.2 | (0.0,3.5) | 53.1 | (36.1,70.2) | 0.0 | (0.0,6.5) | 45.7 | (28.6,62.7) |
| **Urban/Rural** | | | | | | | | |
| Urban | 0.3 | (0.0,0.5) | 45.4 | (41.8,49.0) | 0.0 | (0.0,0.3) | 54.3 | (50.8,57.9) |
| Rural | 0.2 | (0.0,0.5) | 39.6 | (34.8,44.4) | 0.4 | (0.0,0.9) | 59.8 | (55.0,64.7) |
| **Education (years)** | | | | | | | | |
| < 12 | 0.2 | (0.0,0.7) | 31.8 | (24.9,38.6) | 0.0 | (0.0,1.4) | 68.0 | (61.1,74.9) |
| = 12 | 0.3 | (0.0,0.8) | 40.7 | (35.4,46.0) | 0.1 | (0.0,0.4) | 58.8 | (53.5,64.1) |
| 13-15 | 0.3 | (0.0,0.7) | 43.3 | (37.9,48.7) | 0.3 | (0.0,0.9) | 56.1 | (50.7,61.5) |
| ≥ 16 | 0.2 | (0.0,0.6) | 50.4 | (45.2,55.7) | 0.0 | (0.0,0.7) | 49.3 | (44.1,54.5) |

*May not equal total sample size because question only asked to respondents who reported ever testing for HIV and "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

### (3) Knowledge, Attitudes, and Beliefs

Eighty-one percent of adults considered themselves well informed about ways to prevent HIV infection, 15 percent believed they were moderately informed, and five percent believed they were little informed. Ninety-one percent of adults were familiar with the concept of safe sex.

The overall results for six items assessing HIV/AIDS knowledge are summarized below. As many as 87 percent of adults knew that not only homosexuals need to worry about contracting AIDS and that people who are HIV-positive are not easy to pick out of a crowd. As few as 44 percent of adults knew that most AIDS patients in Africa are heterosexual. High school dropouts displayed less knowledge on all of the items listed below. The results did not differ by urbanicity, and a sex difference was found on only the last item in the table.

**Percent with Correct Answers on Six HIV/AIDS Knowledge Items***

| Percent Correct | Knowledge Item |
|---|---|
| 87 | Not only homosexuals need to worry about contracting AIDS. |
| 87 | People who are HIV-positive are easy to pick out of a crowd even if they have not developed AIDS. |
| 83 | HIV-infected individuals could look and feel fine and be unaware that they could still spread the disease. |
| 77 | AIDS is not just a gay man's disease. |
| 77 | Women are not at very low risk of getting HIV. |
| 44 | In Africa, most AIDS patients are heterosexual. |

* Note: Some items have been reworded above in order to make all items read as correct. The items were written as belief items so we used a 0-10 "agree/disagree" format for the items above and considered a 0-3 or 7-10 response to be the correct answer depending on the item.

***Sample of Questions Regarding Knowledge, Attitudes, and Beliefs***

**3-25 How much do you feel that you know ways to prevent getting HIV, the virus that causes AIDS? On a scale of 0 to 10, where 0 means you are not at all informed and 10 means you are very informed.**

Californians were asked to rate how informed they are about ways to prevent HIV on a scale of 0-10, which ranged from "not at all informed" (0) to "very informed" (10). Eighty-one percent of adults were "well informed" (i.e., a rating of 7-10), 15 percent were "moderately informed" (i.e., a rating of 4-6) and five percent were "little informed" (i.e., a rating of 0-3) about HIV/AIDS.

- **Race** **(p<0.0001)**

Hispanics were more likely to feel that they are "little informed" of ways to prevent HIV (12 percent).

- **Education** **(p<0.0001)**

High school dropouts were more likely to feel they are "little informed" about ways to prevent getting HIV (20 percent) followed by high school or college graduates (2 percent), and those with some college (1 percent).

Table 3-25
How much do you feel you know ways to prevent getting HIV? (N=1729)*

| | 0-3 | | 4-6 | | 7-10 | |
|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) |
| **All respondents** | 4.8 | (3.3,6.3) | 14.7 | (12.7,16.7) | 80.5 | (78.1,82.8) |
| **Sex** | | | | | | |
| Male | 5.6 | (3.2,8.0) | 15.0 | (12.0,18.0) | 79.4 | (75.8,83.0) |
| Female | 4.0 | (2.3,5.8) | 14.4 | (11.7,17.0) | 81.6 | (78.6,84.6) |
| **Race/Ethnicity** | | | | | | |
| White | 2.0 | (0.9,3.2) | 13.4 | (11.0,15.8) | 84.5 | (82.0,87.1) |
| African American | 2.2 | (0.0,4.5) | 12.0 | (5.7,18.3) | 85.8 | (79.2,92.4) |
| Hispanic | 12.4 | (7.8,16.9) | 19.1 | (14.9,23.4) | 68.5 | (63.0,74.0) |
| Asian/ Pacific Islander | 2.9 | (0.0,6.7) | 13.2 | (4.6,21.7) | 84.0 | (74.8,93.1) |
| Other | 0.0 | (0.0,6.5) | 7.4 | (0.0,15.1) | 92.6 | (84.9,100.0) |
| **Education (years)** | | | | | | |
| < 12 | 20.1 | (13.0,27.1) | 20.1 | (14.5,25.8) | 59.8 | (52.1,67.5) |
| = 12 | 2.2 | (0.9,3.6) | 18.9 | (14.8,23.0) | 78.8 | (74.6,83.1) |
| 13-15 | 1.3 | (0.3,2.2) | 14.0 | (10.0,18.1) | 84.7 | (80.6,88.8) |
| ≥ 16 | 2.2 | (0.1,4.2) | 8.9 | (6.0,11.7) | 89.0 | (85.6,92.4) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-26 In Africa, most AIDS patients are heterosexual. How much do you disagree or agree, on a scale of 0 to 10, where 0 means that you completely disagree and 10 means you completely agree?**

In Africa, the majority of AIDS patients are heterosexual because most HIV transmission is through heterosexual intercourse. Californians were asked to rate on a scale of 0-10 whether they thought most AIDS patients in Africa were heterosexual. Only 44 percent of adults correctly agreed (i.e., rate 7-10) that most AIDS patients in Africa are heterosexual, 16 percent disagreed (i.e., 0-3), 18 percent were unsure (i.e., 4-6) and 23 percent reported they "do not know."

- **Sex** **(p=0.003)**

Males (48 percent) were more likely than females (40 percent) to know that most AIDS patients in Africa are heterosexual.

- **Race** **(p<0.0001)**

Adults of other races were more likely to know that most AIDS patients in Africa are heterosexual (60 percent) followed by Whites (48 percent), Hispanics (40 percent), African Americans (35 percent), and Asians (31 percent).

- **Education** **(p<0.0001)**

College graduates were more likely to know that most AIDS patients in Africa are heterosexual (56 percent), followed by those with some college (46 percent), high school dropouts (36 percent), and high school graduates (32 percent).

Table 3-26
In Africa, most AIDS patients are heterosexual. Do you disagree or agree? (N=1736)*

| | 0-3 | | 4-6 | | 7-10 | | Don't know | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 15.5 | (13.5,17.5) | 18.4 | (15.9,20.8) | 43.6 | (40.8,46.4) | 22.6 | (20.2,25.0) |
| **Sex** | | | | | | | | |
| Male | 14.6 | (11.6,17.5) | 19.4 | (15.6,23.2) | 47.6 | (43.2,52.0) | 18.5 | (15.1,21.9) |
| Female | 16.4 | (13.7,19.1) | 17.3 | (14.4,20.2) | 39.6 | (36.0,43.2) | 26.7 | (23.3,30.1) |
| **Race/Ethnicity** | | | | | | | | |
| White | 10.6 | (8.4,12.7) | 18.1 | (15.3,20.9) | 48.4 | (44.9,51.9) | 22.9 | (20.0,25.8) |
| African American | 27.3 | (18.7,35.8) | 20.1 | (12.1,28.0) | 35.4 | (26.0,44.7) | 17.3 | (10.6,24.0) |
| Hispanic | 20.5 | (16.2,24.9) | 15.2 | (11.5,19.0) | 39.6 | (33.9,45.3) | 24.6 | (19.5,29.7) |
| Asian/ Pacific Islander | 20.4 | (11.3,29.6) | 29.0 | (16.1,41.9) | 31.2 | (19.9,42.4) | 19.4 | (9.5,29.4) |
| Other | 16.8 | (5.0,28.6) | 2.2 | (0.0,4.5) | 60.4 | (44.2,76.6) | 20.7 | (7.4,33.9) |
| **Education (years)** | | | | | | | | |
| < 12 | 22.3 | (16.1,28.5) | 14.2 | (9.4,19.0) | 36.1 | (28.6,43.7) | 27.4 | (20.4,34.4) |
| = 12 | 18.8 | (14.8,22.8) | 22.0 | (17.2,26.7) | 31.9 | (26.9,36.9) | 27.3 | (22.6,32.1) |
| 13-15 | 14.7 | (10.7,18.6) | 19.3 | (14.7,23.9) | 45.7 | (40.2,51.2) | 20.4 | (16.1,24.6) |
| ≥ 16 | 9.5 | (6.6,12.3) | 16.8 | (12.1,21.5) | 56.1 | (50.8,61.5) | 17.6 | (13.4,21.7) |

*May not equal total sample size because "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-28 Infected individuals may look and feel fine and may not know that they are capable of spreading the disease. How much do you disagree or agree, on a scale of 0 to 10, where 0 means that you completely disagree and 10 means you completely agree?**

Californians were asked to rate on a scale of 0-10, which ranged from "completely disagree" (0) to "completely agree" (10) whether HIV-infected individuals could look and feel fine and be unaware that they could still spread the disease. Eighty-three percent of adults correctly agreed (i.e., rate 7-10) with this statement. Only eight percent disagreed (i.e., 0-3), seven percent were unsure (i.e., 4-6), and two percent reported they "do not know."

- **Race** **($p<0.0001$)**

White adults were more likely to correctly agree that persons with HIV/AIDS may look and feel fine but are still able to transmit the disease (90 percent) as compared to African Americans (82 percent), Asians or other races (78 percent), and Hispanics (71 percent).

- **Education** **($p<0.0001$)**

Adults with less education were less likely to correctly agree that persons with HIV/AIDS may look and feel fine but are still able to transmit the disease. College graduates were more likely to correctly agree with this statement (92 percent) followed by those with some college (90 percent), high school graduates (76 percent), and high school dropouts (67 percent).

Table 3-28
Infected individuals may look and feel fine and may not know that they are capable of spreading the disease. Do you disagree or agree? (N=1738)*

| | 0-3 | | 4-6 | | 7-10 | | Don't know | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | | | | | | | | |
| | 8.4 | (6.5,10.4) | 7.0 | (5.6,8.5) | 83.0 | (80.7,85.4) | 1.5 | (0.8,2.3) |
| **Sex** | | | | | | | | |
| Male | 9.3 | (6.4,12.2) | 7.3 | (5.0,9.6) | 82.5 | (78.9,86.1) | 0.9 | (0.0,1.8) |
| Female | 7.5 | (5.0,10.0) | 6.7 | (5.0,8.4) | 83.6 | (80.5,86.6) | 2.2 | (1.0,3.3) |
| **Race/Ethnicity** | | | | | | | | |
| White | 2.8 | (1.8,3.9) | 5.7 | (4.1,7.2) | 90.2 | (88.3,92.2) | 1.3 | (0.5,2.1) |
| African American | 10.1 | (3.9,16.3) | 7.1 | (1.6,12.7) | 82.1 | (74.1,90.0) | 0.7 | (0.0,2.2) |
| Hispanic | 17.0 | (12.0,22.0) | 9.6 | (6.4,12.8) | 71.0 | (65.4,76.5) | 2.4 | (0.3,4.4) |
| Asian/ Pacific Islander | 13.7 | (3.9,23.6) | 7.7 | (1.2,14.1) | 78.0 | (66.9,89.1) | 0.7 | (0.0,1.9) |
| Other | 12.0 | (0.0,24.8) | 6.1 | (0.0,14.7) | 77.9 | (62.3,93.4) | 4.0 | (0.0,11.7) |
| **Education (years)** | | | | | | | | |
| < 12 | 16.9 | (10.0,23.8) | 11.5 | (7.0,15.9) | 67.2 | (59.5,74.8) | 4.4 | (0.9,7.9) |
| = 12 | 12.7 | (8.4,17.1) | 10.1 | (6.9,13.4) | 76.0 | (71.0,81.0) | 1.1 | (0.2,2.1) |
| 13-15 | 4.6 | (2.2,6.9) | 4.8 | (2.2,7.4) | 89.8 | (86.3,93.3) | 0.9 | (0.0,1.7) |
| ≥ 16 | 3.2 | (0.9,5.6) | 3.9 | (2.2,5.7) | 92.2 | (89.3,95.1) | 0.7 | (0.0,1.4) |

*May not equal total sample size because "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-29 Only homosexuals need to worry about contracting AIDS. How much do you disagree or agree, on a scale of 0 to 10, where 0 means that you completely disagree and 10 means you completely agree?**

HIV can be transmitted through both heterosexual and homosexual contact. Therefore, individuals who engage in any type of sexual contact, especially unprotected sex or with a high risk partner, are at risk of contracting HIV. Californians were asked to rate on a scale of 0-10, which ranged from "completely disagree" (0) to "completely agree" (10) whether "only homosexuals need to worry about contracting AIDS. Eighty-seven percent of adults correctly disagreed (i.e., rate 0-3) with this statement. Only 8 percent agreed (i.e., 7-10), 5 percent were unsure (i.e., 4-6), and 1 percent reported they "do not know."

- **Race** **($p<0.0001$)**

  Whites were more likely to correctly disagree with the statement that only homosexuals need to worry about contracting AIDS (93 percent) as compared to African Americans (90 percent), other races (87 percent), Asians (81 percent), and Hispanics (76 percent).

- **Education** **($p<0.0001$)**

  Those with less education were far less likely to correctly disagree with the statement that only homosexuals need to worry about contracting AIDS. Adults with some college (94 percent) were more likely to disagree with this statement as compared to college graduates (91 percent), high school graduates (88 percent), and high school dropouts (67 percent).

Table 3-29
Only homosexuals need to worry about contracting AIDS. Do you disagree or agree? (N=1738)*

| | 0-3 | | 4-6 | | 7-10 | | Don't know | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | | | | | | | | |
| | 86.7 | (84.4,89.1) | 4.5 | (3.1,5.9) | 7.8 | (5.8,9.7) | 1.0 | (0.3,1.7) |
| **Sex** | | | | | | | | |
| Male | 85.0 | (81.1,88.9) | 5.5 | (3.2,7.7) | 8.9 | (5.5,12.3) | 0.6 | (0.0,1.3) |
| Female | 88.5 | (85.9,91.1) | 3.5 | (1.8,5.1) | 6.7 | (4.8,8.5) | 1.4 | (0.2,2.5) |
| **Race/Ethnicity** | | | | | | | | |
| White | 93.1 | (91.3,95.0) | 2.5 | (1.3,3.6) | 3.7 | (2.3,5.0) | 0.7 | (0.2,1.3) |
| African American | 89.5 | (83.4,95.5) | 3.7 | (0.5,6.9) | 6.9 | (1.5,12.2) | 0.0 | (0.0,2.8) |
| Hispanic | 75.5 | (70.0,81.0) | 7.5 | (3.9,11.1) | 16.5 | (11.7,21.3) | 0.5 | (0.0,1.3) |
| Asian/ Pacific Islander | 80.7 | (68.6,92.9) | 7.2 | (0.3,14.1) | 8.7 | (0.0,19.1) | 3.4 | (0.0,8.2) |
| Other | 86.9 | (74.7,99.0) | 6.6 | (0.0,15.5) | 2.5 | (0.0,7.5) | 4.0 | (0.0,11.7) |
| **Education (years)** | | | | | | | | |
| < 12 | 66.5 | (58.8,74.3) | 8.8 | (3.7,14.0) | 23.1 | (16.0,30.2) | 1.5 | (0.0,3.2) |
| = 12 | 87.6 | (84.2,91.1) | 5.8 | (3.0,8.5) | 5.5 | (3.5,7.4) | 1.1 | (0.0,2.3) |
| 13-15 | 94.2 | (91.3,97.1) | 3.0 | (0.7,5.3) | 2.6 | (0.7,4.4) | 0.3 | (0.0,0.8) |
| ≥ 16 | 90.8 | (86.1,95.4) | 2.3 | (0.4,4.2) | 6.0 | (1.8,10.1) | 0.9 | (0.0,2.5) |

*May not equal total sample size because "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-30 AIDS is a gay man's disease. How much do you disagree or agree, on a scale of 0 to 10, where 0 means that you completely disagree and 10 means you completely agree?**

There has been as shift in the AIDS epidemic in the United States. At the beginning of the epidemic in the early 1980s, AIDS was primarily a gay male disease. By the early 1990s, however, AIDS had become a disease that increasingly affected women, heterosexuals, African Americans, and Hispanics. Californians were asked to rate on a scale of 0-10, which ranged from "completely disagree" (0) to "completely agree" (10), whether "AIDS is a gay man's disease." Seventy-seven percent of adults correctly disagreed (i.e., rate 0-3) with this statement. Only 14 percent agreed (i.e. 7-10), 8 percent were unsure (i.e., 4-6), and 1 percent reported they "do not know."

- **Race** **(p<0.0001)**

Adults of other races were more likely to correctly disagree with the statement that AIDS is a gay man's disease (87 percent), as compared to Whites (84 percent), African Americans (76 percent), Asians (74 percent), and Hispanics (63 percent).

- **Education** **(p<0.0001)**

College graduates were more likely to correctly disagree that AIDS is a gay man's disease (82 percent) as compared to those with some college (86 percent), high school graduates (76 percent), and high school dropouts (56 percent).

Table 3-30
AIDS is a gay man's disease. Do you disagree or agree? (N=1738)*

| | 0-3 | | 4-6 | | 7-10 | | Don't know | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 77.0 | (74.3,79.7) | 7.8 | (6.0,9.7) | 14.0 | (11.8,16.2) | 1.2 | (0.6,1.7) |
| **Sex** | | | | | | | | |
| Male | 75.6 | (71.4,79.8) | 8.5 | (5.5,11.5) | 14.4 | (11.0,17.9) | 1.5 | (0.5,2.5) |
| Female | 78.4 | (75.1,81.6) | 7.2 | (5.2,9.2) | 13.6 | (10.8,16.4) | 0.8 | (0.3,1.4) |
| **Race/Ethnicity** | | | | | | | | |
| White | 84.0 | (81.3,86.6) | 6.0 | (4.4,7.5) | 8.8 | (6.7,10.9) | 1.3 | (0.5,2.1) |
| African American | 76.2 | (67.7,84.7) | 10.0 | (4.6,15.4) | 13.2 | (5.9,20.5) | 0.6 | (0.0,1.7) |
| Hispanic | 63.3 | (57.5,69.1) | 8.1 | (5.0,11.2) | 27.6 | (22.0,33.2) | 1.0 | (0.0,2.1) |
| Asian/ Pacific Islander | 74.3 | (61.5,87.2) | 16.4 | (4.8,28.0) | 9.3 | (1.0,17.5) | 0.0 | (0.0,3.8) |
| Other | 86.5 | (75.3,97.7) | 2.2 | (0.0,6.3) | 3.8 | (0.0,8.0) | 7.5 | (0.0,17.5) |
| **Education (years)** | | | | | | | | |
| < 12 | 55.7 | (47.9,63.5) | 7.7 | (4.2,11.3) | 34.9 | (27.0,42.8) | 1.6 | (0.0,3.5) |
| = 12 | 75.6 | (70.7,80.5) | 9.3 | (6.1,12.6) | 14.0 | (9.8,18.2) | 1.0 | (0.0,2.1) |
| 13-15 | 85.7 | (82.2,89.2) | 5.0 | (3.0,7.0) | 8.9 | (5.9,11.8) | 0.5 | (0.0,1.0) |
| ≥ 16 | 82.4 | (77.4,87.4) | 9.1 | (4.6,13.5) | 7.4 | (4.5,10.3) | 1.1 | (0.0,2.1) |

*May not equal total sample size because "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-31 People who are HIV-positive are easy to pick out of a crowd even if they have not developed AIDS. How much do you disagree or agree, on a scale of 0 to 10, where 0 means that you completely disagree and 10 means you completely agree?**

People who are HIV-positive or who have AIDS often look as healthy as people who do not have AIDS. Californians rated on a scale of 0-10, which ranged from "completely disagree" (0) to "completely agree" (10) whether such individuals are easy to pick out of a crowd. Eighty-seven percent of adults correctly disagreed (i.e., rate 0-3) with this statement. Only 7 percent agreed (i.e., 7-10), 4 percent are unsure (i.e., 4-6), and 2 percent reported they "do not know."

- **Race** **($p<0.0001$)**

  African Americans were more likely to correctly disagree that people who are HIV-positive are easy to pick out of a crowd even if they have not developed AIDS (96 percent) followed by adults of other races (95 percent), Whites (93 percent), Asians (84 percent), and Hispanics (71 percent).

- **Education** **($p<0.0001$)**

  Adults with some college were more likely to correctly disagree that people who are HIV-positive are easy to pick out of a crowd even if they have not developed AIDS (96 percent) followed by college graduates (93 percent), high school graduates (87 percent), and high school dropouts (62 percent).

Table 3-31
People who are HIV-positive are easy to pick out of a crowd even if they have not developed AIDS. Do you disagree or agree? (N=1739)*

| | 0-3 | | 4-6 | | 7-10 | | Don't know | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | | | | | | | | |
| | 86.7 | (84.6,88.9) | 4.2 | (3.0,5.3) | 6.7 | (5.1,8.3) | 2.4 | (1.4,3.4) |
| **Sex** | | | | | | | | |
| Male | 86.0 | (82.6,89.4) | 4.0 | (2.3,5.7) | 7.3 | (4.6,10.0) | 2.7 | (1.0,4.4) |
| Female | 87.5 | (84.9,90.0) | 4.4 | (2.8,6.0) | 6.1 | (4.3,7.9) | 2.0 | (0.9,3.1) |
| **Race/Ethnicity** | | | | | | | | |
| White | 93.4 | (91.6,95.2) | 2.3 | (1.3,3.4) | 3.4 | (2.0,4.8) | 0.9 | (0.3,1.5) |
| African American | 96.0 | (92.7,99.4) | 0.6 | (0.0,1.9) | 2.7 | (0.0,5.6) | 0.6 | (0.0,1.7) |
| Hispanic | 71.2 | (65.7,76.6) | 8.7 | (5.7,11.7) | 14.6 | (10.0,19.2) | 5.5 | (2.5,8.5) |
| Asian/ Pacific Islander | 84.3 | (75.4,93.2) | 5.1 | (0.0,10.9) | 7.5 | (1.8,13.2) | 3.1 | (0.0,7.8) |
| Other | 95.0 | (87.2,100.0) | 0.0 | (0.0,6.5) | 1.0 | (0.0,2.4) | 4.0 | (0.0,11.7) |
| **Education (years)** | | | | | | | | |
| < 12 | 61.5 | (53.7,69.2) | 9.0 | (5.2,12.8) | 22.6 | (15.5,29.6) | 7.0 | (2.4,11.6) |
| = 12 | 86.5 | (82.7,90.2) | 5.1 | (2.5,7.6) | 7.2 | (4.4,10.0) | 1.3 | (0.4,2.1) |
| 13-15 | 95.5 | (93.4,97.7) | 2.2 | (0.6,3.7) | 1.5 | (0.3,2.8) | 0.8 | (0.0,1.6) |
| ≥ 16 | 93.1 | (90.0,96.3) | 2.6 | (0.6,4.5) | 2.3 | (0.5,4.1) | 2.0 | (0.1,3.9) |

*May not equal total sample size because "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-32 Women are at very low risk of getting HIV. How much do you disagree or agree, on a scale of 0 to 10, where 0 means that you completely disagree and 10 means you completely agree.**

According to the Centers for Disease Control and Prevention (CDC), by 1996, AIDS had become the third leading cause of death among women in the United States and the *leading* cause of death among African American women. Californians were asked to rate on a scale of 0-10, which ranged from "completely disagree" (0) to "completely agree" (10) whether "women are at very low risk of getting HIV." Seventy-seven percent of adults correctly disagreed (i.e., rate 0-3) with this statement. Only 13 percent agreed (i.e., 7-10), 9 percent were unsure (i.e., 4-6), and 1 percent reported they "do not know."

- **Race** **($p<0.0001$)**

  Adults of other races were more likely to correctly disagree that women are at very low risk of getting HIV (88 percent) followed by African Americans (87 percent), Whites and Asians (82 percent), and Hispanics (62 percent).

- **Education** **($p<0.0001$)**

  Adults with less education were much less likely to correctly disagree that women are at very low risk of getting HIV. Adults with some college were more likely to disagree (84 percent) followed by college graduates (83 percent), high school graduates (78 percent), and high school dropouts (53 percent).

Table 3-32
Women are at very low risk of getting HIV. Do you disagree or agree? (N=1739)*

| | 0-3 | | 4-6 | | 7-10 | | Don't know | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 76.9 | (74.3,79.5) | 8.7 | (7.0,10.5) | 13.2 | (11.1,15.3) | 1.2 | (0.5,1.9) |
| **Sex** | | | | | | | | |
| Male | 76.5 | (72.6,80.4) | 9.7 | (7.0,12.4) | 12.8 | (9.6,16.0) | 1.0 | (0.2,1.7) |
| Female | 77.3 | (73.9,80.6) | 7.7 | (5.5,9.9) | 13.6 | (10.9,16.3) | 1.4 | (0.3,2.5) |
| **Race/Ethnicity** | | | | | | | | |
| White | 81.9 | (79.1,84.8) | 10.1 | (7.8,12.4) | 7.5 | (5.6,9.4) | 0.5 | (0.0,0.9) |
| African American | 86.9 | (80.4,93.3) | 4.1 | (1.1,7.1) | 9.0 | (3.1,14.9) | 0.0 | (0.0,2.8) |
| Hispanic | 61.5 | (55.7,67.2) | 7.5 | (4.1,11.0) | 28.7 | (23.2,34.2) | 2.3 | (0.8,3.8) |
| Asian/ Pacific Islander | 81.5 | (71.1,91.8) | 7.6 | (0.3,15.0) | 8.7 | (1.5,15.9) | 2.2 | (0.0,6.4) |
| Other | 87.8 | (76.0,99.5) | 8.2 | (0.0,17.7) | 0.0 | (0.0,6.5) | 4.0 | (0.0,11.7) |
| **Education (years)** | | | | | | | | |
| < 12 | 52.5 | (44.8,60.2) | 9.7 | (4.5,14.9) | 36.0 | (28.4,43.5) | 1.9 | (0.1,3.6) |
| = 12 | 77.9 | (73.4,82.4) | 7.0 | (4.5,9.5) | 13.7 | (9.8,17.6) | 1.4 | (0.3,2.5) |
| 13-15 | 84.0 | (79.7,88.2) | 7.4 | (4.6,10.2) | 8.3 | (4.8,11.8) | 0.3 | (0.0,0.9) |
| ≥ 16 | 83.1 | (78.8,87.4) | 10.8 | (7.0,14.5) | 5.0 | (3.0,7.0) | 1.1 | (0.0,2.7) |

*May not equal total sample size because "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-39 How likely is it that a person can get HIV having sexual intercourse with a person who has HIV without a condom?**

Having sexual intercourse with an HIV-infected person without using a condom places one at risk for HIV infection. Almost all adult Californians (99 percent) correctly believed that it is "very or somewhat likely" one can contract HIV by having sexual intercourse with an infected person without using a condom while only 1 percent incorrectly believed that it is "not very likely," or "definitely not possible" to contract HIV in this manner.

- **Sex** **(p<0.0001)**

Males (89 percent) were less likely than females (97 percent) to correctly believe that it is "very likely" one can contract HIV by having sexual intercourse without a condom with an HIV-infected person.

- **Education** **(p=0.0001)**

More college graduates believed that it is only "somewhat likely" that HIV can be contracted through sexual intercourse without a condom with an HIV-infected person (10 percent) followed by those with some college (5 percent) and high school dropouts (2 percent).

Table 3-39
How likely is it that a person can get HIV having sexual intercourse with a person who has HIV without a condom? (N=1729) *

| | Very likely | | Somewhat likely | | Not very likely | | Definitely not possible | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 92.9 | (91.5,94.4) | 6.0 | (4.7,7.4) | 1.0 | (0.5,1.5) | 0.0 | (0.0,0.1) |
| **Sex** | | | | | | | | |
| Male | 89.3 | (86.7,92.0) | 9.3 | (6.8,11.7) | 1.3 | (0.4,2.3) | 0.1 | (0.0,0.2) |
| Female | 96.6 | (95.5,97.7) | 2.8 | (1.8,3.8) | 0.7 | (0.2,1.1) | 0.0 | (0.0,0.4) |
| **Race/Ethnicity** | | | | | | | | |
| White | 91.5 | (89.5,93.5) | 6.8 | (5.0,8.6) | 1.7 | (0.7,2.6) | 0.0 | (0.0,0.4) |
| African American | 93.6 | (88.9,98.2) | 5.8 | (1.3,10.3) | 0.7 | (0.0,1.9) | 0.0 | (0.0,2.8) |
| Hispanic | 95.7 | (93.6,97.8) | 4.0 | (1.9,6.0) | 0.2 | (0.0,0.5) | 0.1 | (0.0,0.4) |
| Asian/ Pacific Islander | 93.3 | (87.3,99.4) | 6.7 | (0.6,12.7) | 0.0 | (0.0,3.8) | 0.0 | (0.0,3.8) |
| Other | 91.4 | (81.1,100.0) | 8.6 | (0.0,18.9) | 0.0 | (0.0,3.8) | 0.0 | (0.0,3.8) |
| **Education (years)** | | | | | | | | |
| < 12 | 97.8 | (96.2,99.3) | 1.7 | (0.3,3.2) | 0.3 | (0.0,0.8) | 0.2 | (0.0,0.7) |
| = 12 | 94.5 | (92.0,97.0) | 5.3 | (2.8,7.8) | 0.1 | (0.0,0.4) | 0.0 | (0.0,0.8) |
| 13-15 | 94.2 | (91.8,96.6) | 4.8 | (2.6,7.0) | 1.0 | (0.1,2.0) | 0.0 | (0.0,0.8) |
| ≥ 16 | 88.2 | (84.8,91.6) | 9.7 | (6.6,12.8) | 2.1 | (0.6,3.6) | 0.0 | (0.0,0.7) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-44 How difficult is it to talk to your casual sex partner about using condoms?**

Adults with casual sex partners in the 12 months prior to the survey were asked how difficult it was to talk about condom use with their partners. Only 15 percent reported it was "somewhat" or "very difficult" to discuss condom use, and 4 percent reported not using condoms with their casual sex partners. Few people answered this question, and the results do not differ by sex, race, education, or urbanicity.

Table 3-44
How difficult is it to talk to your casual sex partner about using condoms? (N=161)*

| | Very difficult | | Somewhat difficult | | Not difficult at all | | Don't use condoms | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 2.9 | (0.2,5.7) | 11.8 | (5.3,18.4) | 81.5 | (73.6,89.3) | 3.7 | (0.0,8.1) |
| **Sex** | | | | | | | | |
| Male | 1.2 | (0.0,3.5) | 11.8 | (3.6,20.1) | 82.7 | (73.0,92.3) | 4.3 | (0.0,9.9) |
| Female | 8.3 | (0.0,16.9) | 11.9 | (3.5,20.2) | 77.8 | (65.9,89.7) | 2.0 | (0.0,5.8) |
| **Race/Ethnicity** | | | | | | | | |
| White | 3.4 | (0.0,7.6) | 13.4 | (3.1,23.6) | 78.0 | (65.5,90.5) | 5.2 | (0.0,13.4) |
| African American | 0.0 | (0.0,16.1) | 4.6 | (0.0,13.5) | 95.4 | (86.5,100.0) | 0.0 | (0.0,16.1) |
| Hispanic | 4.4 | (0.0,10.6) | 15.6 | (2.2,28.9) | 75.9 | (60.8,91.1) | 4.1 | (0.0,10.0) |
| Asian/Pacific Islander | 0.0 | (0.0,30.8) | 2.7 | (0.0,8.3) | 97.3 | (91.7,100.0) | 0.0 | (0.0,30.8) |
| Other | 0.0 | (0.0,52.2) | 0.0 | (0.0,52.2) | 100.0 | (47.8,100.0) | 0.0 | (0.0,52.2) |
| **Education (years)** | | | | | | | | |
| < 12 | 6.5 | (0.0,15.0) | 12.7 | (0.0,27.3) | 71.1 | (50.6,91.6) | 9.6 | (0.0,24.8) |
| = 12 | 1.0 | (0.0,3.1) | 9.3 | (0.0,18.6) | 89.7 | (80.1,99.3) | 0.0 | (0.0,8.6) |
| 13-15 | 4.2 | (0.0,10.8) | 9.5 | (0.0,22.2) | 86.3 | (72.5,100.0) | 0.0 | (0.0,7.7) |
| ≥ 16 | 0.0 | (0.0,7.7) | 15.5 | (1.8,29.2) | 79.6 | (64.9,94.3) | 4.9 | (0.0,11.7) |

*May not equal total sample size because question asked only of respondents who reported having casual sex partners during the past 12 months and "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-45 How difficult is it to talk to your steady sex partner about using condoms?**

Adults with steady sex partners in the 12 months prior to the survey were asked how difficult it was to talk about condom use with their partners. Only 5 percent reported it was "somewhat" or "very difficult" to discuss condom use; however, 10 percent reported not using condoms with their steady partners.

- **Race (p=0.0001)**

Among adults with steady sex partners in the 12 months prior to the survey, African Americans were least likely to report "no difficulty" with discussing condom use with their partners (82 percent) followed by Whites, Hispanics, and Asians (each 85 percent) and other races (92 percent).

- **Education (p=0.01)**

Adults with some college were less likely to report "no difficulty" discussing condom use with their steady partners (83 percent) as compared to high school dropouts and college graduates (each 87 percent).

Table 3-45
How difficult is it to talk to your steady sex partner about using condoms? (N=1228)*

| | Very difficult | | Somewhat difficult | | Not difficult at all | | Don't use condoms | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 1.7 | (0.9,2.4) | 3.4 | (2.3,4.5) | 84.7 | (82.2,87.2) | 10.3 | (8.0,12.5) |
| **Sex** | | | | | | | | |
| Male | 0.8 | (0.0,1.6) | 2.7 | (1.1,4.3) | 86.1 | (82.5,89.7) | 10.4 | (7.1,13.6) |
| Female | 2.6 | (1.4,3.9) | 4.2 | (2.6,5.7) | 83.1 | (79.7,86.5) | 10.1 | (7.1,13.1) |
| **Race/Ethnicity** | | | | | | | | |
| White | 0.3 | (0.0,0.7) | 2.1 | (1.0,3.2) | 84.9 | (81.7,88.1) | 12.7 | (9.6,15.7) |
| African American | 5.2 | (0.6,9.7) | 3.7 | (0.0,7.7) | 82.4 | (73.8,91.0) | 8.7 | (1.8,15.6) |
| Hispanic | 4.1 | (1.9,6.4) | 6.5 | (3.5,9.6) | 84.5 | (80.1,88.9) | 4.9 | (2.3,7.5) |
| Asian/ Pacific Islander | 0.0 | (0.0,5.3) | 2.3 | (0.0,5.1) | 84.7 | (74.0,95.4) | 13.0 | (2.6,23.5) |
| Other | 0.0 | (0.0,10.9) | 0.0 | (0.0,10.9) | 91.5 | (79.2,100.0) | 8.5 | (0.0,20.8) |
| **Education (years)** | | | | | | | | |
| < 12 | 4.7 | (1.3,8.2) | 4.7 | (2.0,7.4) | 86.6 | (81.2,91.9) | 4.0 | (0.6,7.5) |
| = 12 | 1.5 | (0.2,2.9) | 4.6 | (2.1,7.2) | 82.5 | (77.6,87.4) | 11.4 | (7.1,15.6) |
| 13-15 | 1.2 | (0.2,2.2) | 2.3 | (0.1,4.5) | 82.8 | (77.0,88.5) | 13.7 | (8.2,19.1) |
| ≥ 16 | 0.8 | (0.0,1.6) | 2.7 | (1.0,4.5) | 87.3 | (83.3,91.2) | 9.2 | (5.7,12.8) |

*May not equal total sample size because question only asked of respondents who reported having any sexual partners during the past 12 months "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

### 3-46 Can an HIV-infected pregnant woman pass HIV to her unborn child?

Ninety-three percent of adults were aware that an HIV-infected woman could infect her unborn child.

- **Sex** **(p=0.03)**

  Males were less likely to know that an HIV-infected pregnant woman can pass HIV to her unborn child (91 percent) than females (94 percent).

Table 3-46
Can an HIV-infected pregnant woman pass HIV to her unborn child? (N=1738) *

| | Yes | | No | | Don't know | |
|---|---|---|---|---|---|---|
| | % | (95% CI) | % | (CI) | % | (CI) |
| **All respondents** | 92.5 | (90.9,94.1) | 2.7 | (1.8,3.6) | 4.8 | (3.5,6.2) |
| **Sex** | | | | | | |
| Male | 90.6 | (87.8,93.4) | 3.0 | (1.4,4.6) | 6.4 | (4.0,8.8) |
| Female | 94.3 | (92.8,95.9) | 2.4 | (1.4,3.4) | 3.3 | (2.1,4.5) |
| **Race/Ethnicity** | | | | | | |
| White | 91.7 | (89.6,93.9) | 1.9 | (1.0,2.8) | 6.4 | (4.4,8.4) |
| African American | 95.2 | (91.8,98.7) | 2.2 | (0.0,4.8) | 2.5 | (0.2,4.9) |
| Hispanic | 92.9 | (89.9,96.0) | 4.6 | (2.0,7.2) | 2.5 | (0.8,4.2) |
| Asian/ Pacific Islander | 93.0 | (86.9,99.1) | 2.5 | (0.0,5.5) | 4.5 | (0.0,9.9) |
| Other | 93.5 | (86.3,100.0) | 2.0 | (0.0,6.0) | 4.4 | (0.0,10.5) |
| **Education (years)** | | | | | | |
| < 12 | 92.8 | (88.4,97.1) | 3.1 | (0.0,6.4) | 4.1 | (1.1,7.1) |
| = 12 | 90.1 | (87.0,93.3) | 3.6 | (1.7,5.5) | 6.3 | (3.7,8.9) |
| 13-15 | 94.6 | (92.1,97.1) | 2.5 | (0.9,4.1) | 2.9 | (0.9,4.9) |
| ≥ 16 | 92.5 | (89.4,95.5) | 1.9 | (0.6,3.2) | 5.6 | (2.8,8.5) |

*May not equal total sample size because "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-47 Do you know if there are any medicines that an HIV-infected pregnant woman could take to help prevent her baby from getting HIV?**

Zidovudine (ZDV) is a medication that has been shown to reduce HIV transmission from mother to child if the mother takes it while she is pregnant. Among adults who knew that an HIV-infected mother could infect her newborn child, only 24 percent knew of any medicines that would prevent HIV transmission from an HIV-infected mother to her baby.

- **Education (p=0.001)**

  High school dropouts were less knowledgeable about the availability of medication to help prevent transmission of HIV between mother and baby (21 percent) followed by high school graduates (22 percent), those with some college (24 percent), and college graduates (28 percent).

Table 3-47
Do you know if there are any medicines that an HIV-infected pregnant woman could take to help prevent her baby from getting HIV? (N=1619)*

| | Yes, I know there are some | | No, I don't know if there are any | | No, there aren't any | |
|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) |
| **All respondents** | | | | | | |
| | 24.2 | (21.8,26.6) | 66.4 | (63.7,69.1) | 9.4 | (7.7,11.1) |
| **Sex** | | | | | | |
| Male | 23.0 | (19.3,26.7) | 68.1 | (64.0,72.3) | 8.9 | (6.5,11.3) |
| Female | 25.4 | (22.4,28.4) | 64.7 | (61.1,68.2) | 9.9 | (7.6,12.3) |
| **Race/Ethnicity** | | | | | | |
| White | 26.5 | (23.4,29.6) | 63.0 | (59.6,66.5) | 10.5 | (8.2,12.7) |
| African American | 21.6 | (13.6,29.6) | 68.8 | (59.8,77.8) | 9.6 | (4.1,15.1) |
| Hispanic | 22.9 | (18.2,27.6) | 70.6 | (65.5,75.7) | 6.5 | (3.8,9.1) |
| Asian/ Pacific Islander | 17.9 | (9.6,26.1) | 70.4 | (59.6,81.2) | 11.7 | (4.0,19.4) |
| Other | 23.4 | (7.7,39.2) | 69.7 | (53.4,86.0) | 6.9 | (0.3,13.4) |
| **Education (years)** | | | | | | |
| < 12 | 20.5 | (14.7,26.4) | 75.2 | (68.8,81.5) | 4.3 | (1.4,7.3) |
| = 12 | 21.9 | (17.5,26.4) | 70.5 | (65.5,75.4) | 7.6 | (4.9,10.3) |
| 13-15 | 24.4 | (19.9,28.8) | 65.4 | (60.2,70.5) | 10.3 | (7.0,13.6) |
| ≥ 16 | 28.2 | (23.6,32.7) | 58.9 | (53.7,64.1) | 13.0 | (9.3,16.7) |

*May not equal total sample size because question asked only of respondents who reported knowing that pregnant women could transmit HIV to their unborn child and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-48 Do you personally know or have you known anyone who has been diagnosed with HIV or died from AIDS or any AIDS-related conditions?**

Half of Californians knew someone who had been diagnosed with HIV or who had died of AIDS or an AIDS-related condition.

- **Race** **(p<0.0001)**

Hispanics were the least likely to have known someone with HIV or someone who died from AIDS or an AIDS-related condition (35 percent), followed by Asians (40 percent), Whites (57 percent), African Americans (66 percent), and other races (67 percent).

- **Education** **(p<0.0001)**

High school dropouts were much less likely to know someone with HIV or someone who died from AIDS or an AIDS-related condition (29 percent) followed by high school graduates (43 percent), those with some college (55 percent), and college graduates (63 percent).

Table 3-48
Do you personally know or have you known anyone who has been diagnosed with HIV or died from AIDS or any AIDS-related condition? (N=1726)*

| | Yes | | No | |
|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) |
| **All respondents** | 49.8 | (46.9,52.7) | 50.2 | (47.3,53.1) |
| **Sex** | | | | |
| Male | 47.7 | (43.3,52.1) | 52.3 | (47.9,56.7) |
| Female | 51.9 | (48.2,55.7) | 48.1 | (44.3,51.8) |
| **Race/Ethnicity** | | | | |
| White | 56.7 | (53.2,60.2) | 43.3 | (39.8,46.8) |
| African American | 65.9 | (56.6,75.2) | 34.1 | (24.8,43.4) |
| Hispanic | 34.5 | (29.3,39.8) | 65.5 | (60.2,70.7) |
| Asian/Pacific Islander | 39.7 | (27.2,52.2) | 60.3 | (47.8,72.8) |
| Other | 67.1 | (50.6,83.6) | 32.9 | (16.4,49.4) |
| **Education (years)** | | | | |
| < 12 | 29.4 | (22.5,36.2) | 70.6 | (63.8,77.5) |
| = 12 | 42.9 | (37.7,48.1) | 57.1 | (51.9,62.3) |
| 13-15 | 54.8 | (49.2,60.3) | 45.2 | (39.7,50.8) |
| ≥ 16 | 62.6 | (57.2,67.9) | 37.4 | (32.1,42.8) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

## (4) Opinions Regarding Public Policy

Almost seven in ten adults (69 percent) reported "high" concern for HIV and AIDS as a public health issue (i.e., rated at least seven on a scale of 0-10 where 10 indicates "extremely concerned"). Almost one in three adults (32 percent) have contributed time or money to an organization concerned with HIV- or AIDS-related issues. Almost all adults (82.3 percent) believed that cases with HIV infection should be reported to health departments; 67.1 percent of which selected reporting by a unique code over an individual's name.

Public support for various policy options to prevent HIV was very strong. The vast majority of adults believed that the following five policies would prevent the spread of HIV (see the *KABB Methods and Results* report for detailed results):

(1) providing condoms to prisoners (87 percent believed effective);
(2) providing clean needles to injection drug users in the community (84 percent);
(3) providing clean needles to injection drug users in prison (78 percent);
(4) requiring doctors and clinics to report cases with HIV to the State Health Department (76 percent);
(5) requiring HIV tests for pregnant women (74 percent).

Among those who believed in the effectiveness of the above policies, a minority of adults thought that private individuals or organizations should pay for them. The majority reported that the State should pay either all, or in part, for each of the following:

(1) providing condoms to prisoners (71 percent who believed this would be effective, wanted the State to pay);
(2) providing clean needles to injection drug users in the community (61 percent);
(3) providing clean needles to injection drug users in prison (69 percent);
(4) requiring doctors and clinics to report HIV cases to the State Health Department (81.5 percent);
(5) requiring HIV tests for pregnant women (68 percent).

Virtually all adults (97 percent) believed that HIV prevention information should be provided in public schools, and almost all (85 percent) believed that such education should begin at least by middle school (i.e., grades 6-8).

Almost all adults (79 percent) reported a "great need" for the development of microbicides (i.e., substances that women could apply prior to sexual intercourse to prevent infection by HIV and other sexually transmitted infections), and almost three out of ten (28 percent) women reported they would be "very interested" in using these substances if they were developed.

***Sample of Questions Regarding Public Policy***

**3-51 How concerned are you about HIV and AIDS as a public health issue? On a scale of 0 to 10 where 0 means you are not concerned at all and 10 means you are extremely concerned.**

Californians rated their concern for HIV and AIDS as a public health issue on a scale of 0-10, which ranged from "not concerned at all" (0) to "extremely concerned" (10). Sixty-nine percent of adults reported "high concern" (i.e., a rating of 7-10), 22 percent reported "moderate concern" (i.e., a rating of 4-6) and nine percent reported "low concern" (i.e., a rating of 0-3).

- **Sex** **(p=0.003)**

Females were more likely to report "high concern" about HIV/AIDS as a public health issue (74 percent) than males (64 percent).

- **Race** **(p<0.0001)**

African Americans were most likely to report "high concern" about HIV/AIDS as a public health issue (85 percent) followed by Asians (76 percent), Whites (69 percent), other races (64 percent), and Hispanics (62 percent).

- **Urban/rural** **(p=0.05)**

Residents of urban areas were more likely to report "high concern" about HIV/AIDS as a public health issue (71 percent) than residents of rural areas (65 percent).

- **Education** **(p=0.001)**

Adults with at least a high school education were more likely to report "high concern" about HIV/AIDS as a public health issue (70-72 percent) than high school dropouts (60 percent).

Table 3-51
How concerned are you about HIV and AIDS as a public health issue? (N=1729)*

| | 0-3 | | 4-6 | | 7-10 | |
|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) |
| **All respondents** | | | | | | |
| | 8.9 | (7.1,10.7) | 22.2 | (19.7,24.6) | 68.9 | (66.2,71.6) |
| **Sex** | | | | | | |
| Male | 10.2 | (7.4,13.0) | 25.6 | (21.7,29.4) | 64.2 | (59.9,68.5) |
| Female | 7.6 | (5.4,9.8) | 18.7 | (15.8,21.7) | 73.7 | (70.3,77.1) |
| **Race/Ethnicity** | | | | | | |
| White | 5.7 | (4.1,7.3) | 25.1 | (22.0,28.3) | 69.2 | (65.8,72.5) |
| African American | 3.3 | (0.0,6.8) | 11.4 | (5.2,17.6) | 85.3 | (78.4,92.2) |
| Hispanic | 16.8 | (12.3,21.4) | 21.4 | (16.3,26.4) | 61.8 | (56.0,67.5) |
| Asian/ Pacific Islander | 8.5 | (0.7,16.4) | 15.8 | (7.1,24.5) | 75.7 | (64.8,86.5) |
| Other | 13.2 | (0.0,27.0) | 22.8 | (7.0,38.5) | 64.0 | (46.2,81.9) |
| **Urban/Rural** | | | | | | |
| Urban | 8.9 | (6.9,10.9) | 19.7 | (16.8,22.6) | 71.3 | (68.1,74.6) |
| Rural | 8.4 | (4.9,12.0) | 26.9 | (22.3,31.5) | 64.7 | (59.6,69.7) |
| **Education (years)** | | | | | | |
| < 12 | 17.3 | (11.0,23.6) | 23.0 | (16.3,29.8) | 59.7 | (51.9,67.4) |
| = 12 | 9.9 | (6.0,13.8) | 20.3 | (16.0,24.5) | 69.8 | (64.7,74.9) |
| 13-15 | 4.8 | (2.5,7.1) | 23.1 | (18.2,28.0) | 72.1 | (67.0,77.2) |
| ≥ 16 | 6.8 | (4.3,9.2) | 22.8 | (18.4,27.2) | 70.4 | (65.7,75.2) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-55 At what grade do you think children should begin receiving education in school about HIV infection and AIDS? (Question asked to those respondents who felt that children should receive education about HIV prevention in public schools.)**

Among those who supported providing HIV prevention information in public schools, 6 percent believed such education should start in grades K-2, 27 percent, in grades 3-5, 55 percent, in grades 6-8, and 12 percent in grades 9-12. Eighty-eight percent of all Californians thought that public school students should begin to receive HIV prevention education before ninth grade.

- **Race (p=0.03)**

  Almost all adults regardless of race and ethnicity groups who support HIV prevention instruction in public schools believed it should start before high school (85-91 percent) with Asians least likely to desire it before then (79 percent).

Table 3-55
At what grade do you think children should begin receiving education about HIV infection and AIDS? (N=1625)*

| | K-2 | | 3-5 | | 6-8 | | 9-12 | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 5.8 | (4.3,7.2) | 26.6 | (24.0,29.1) | 55.3 | (52.4,58.3) | 12.3 | (10.0,14.6) |
| **Sex** | | | | | | | | |
| Male | 4.9 | (2.8,7.0) | 24.8 | (20.9,28.6) | 55.6 | (51.1,60.2) | 14.7 | (11.1,18.3) |
| Female | 6.7 | (4.7,8.7) | 28.4 | (25.1,31.8) | 55.0 | (51.2,58.8) | 9.9 | (7.1,12.6) |
| **Race/Ethnicity** | | | | | | | | |
| White | 5.8 | (4.0,7.7) | 28.9 | (25.6,32.1) | 56.0 | (52.4,59.7) | 9.3 | (7.1,11.4) |
| African American | 6.1 | (1.4,10.9) | 16.7 | (9.7,23.8) | 66.6 | (57.4,75.8) | 10.5 | (4.5,16.6) |
| Hispanic | 6.8 | (3.4,10.2) | 27.6 | (22.5,32.8) | 50.4 | (44.6,56.2) | 15.1 | (10.8,19.4) |
| Asian/ Pacific Islander | 2.9 | (0.1,5.6) | 19.9 | (10.4,29.5) | 56.1 | (43.2,69.0) | 21.1 | (8.5,33.6) |
| Other | 5.6 | (0.0,13.2) | 19.5 | (7.1,31.9) | 62.7 | (44.8,80.6) | 12.2 | (0.0,27.0) |
| **Education (years)** | | | | | | | | |
| < 12 | 8.5 | (3.3,13.7) | 29.1 | (21.9,36.3) | 50.3 | (42.4,58.1) | 12.1 | (6.8,17.4) |
| = 12 | 6.1 | (3.6,8.5) | 26.9 | (22.0,31.8) | 53.0 | (47.5,58.6) | 14.0 | (9.6,18.5) |
| 13-15 | 3.8 | (1.5,6.0) | 25.8 | (21.0,30.6) | 59.3 | (53.7,64.8) | 11.2 | (7.5,14.9) |
| ≥ 16 | 5.7 | (3.3,8.1) | 25.5 | (21.2,29.8) | 56.9 | (51.6,62.3) | 11.8 | (7.3,16.4) |

*May not equal total sample size because question asked only of respondents who felt HIV prevention information should be provided in public schools and "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-56 There has been considerable debate about whether people with HIV should be counted and thus reported to health departments. And if so, what is the best way to do this? Do you feel that persons with HIV should be reported to health departments using a unique code to protect their identity, by their name for greater accuracy, or not be reported at all?**

Two out of three (67 percent) Californians believed that HIV cases should be reported to health departments using a unique code to protect individuals' identity, and an additional 15 percent believed it should be reported using individuals' names. Only 12 percent of Californians did not support HIV reporting, and 6 percent had no opinion or refused to answer this question.

- **Race (p=0.001)**

  Asians were most likely to support HIV reporting using unique identification codes (82 percent), followed by other races (73 percent), Hispanics (68 percent), Whites (64 percent) and African Americans (63 percent). African Americans were most likely to support reporting cases by personal names (19 percent).

Table 3-56
Do you feel that persons with HIV should be reported to the health departments? (N=1739)

| | Yes, by unique code | | Yes, by name | | No, not reported | | DK/Refused | |
|---|---|---|---|---|---|---|---|---|
| | %* | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | 67.1 | (64.5,69.7) | 15.2 | (13.2,17.2) | 12.1 | (10.4,13.8) | 5.6 | (4.4,6.7) |
| **Sex** | | | | | | | | |
| Male | 65.4 | (61.4,69.4) | 16.7 | (13.6,19.9) | 13.2 | (10.5,15.8) | 4.7 | (3.1,6.4) |
| Female | 68.9 | (65.6,72.2) | 13.7 | (11.2,16.2) | 11.0 | (8.9,13.1) | 6.4 | (4.7,8.1) |
| **Race/Ethnicity** | | | | | | | | |
| White | 64.2 | (60.9,67.6) | 14.4 | (11.9,16.9) | 13.8 | (11.3,16.2) | 7.6 | (5.8,9.4) |
| African American | 63.3 | (54.0,72.7) | 19.3 | (11.4,27.1) | 13.8 | (7.2,20.3) | 3.7 | (0.3,7.0) |
| Hispanic | 67.6 | (62.5,72.8) | 16.8 | (12.6,20.9) | 11.9 | (8.6,15.2) | 3.7 | (1.5,5.9) |
| Asian/ Pacific Islander | 81.7 | (73.7,89.7) | 13.4 | (6.1,20.7) | 3.7 | (1.1,6.3) | 1.2 | (0.0,3.0) |
| Other | 73.1 | (60.1,86.1) | 12.5 | (4.4,20.6) | 8.7 | (0.0,17.4) | 5.7 | (0.0,12.0) |
| **Education (years)** | | | | | | | | |
| < 12 | 63.7 | (56.5,70.9) | 22.5 | (16.4,28.6) | 9.2 | (5.0,13.5) | 4.5 | (1.3,7.7) |
| = 12 | 69.9 | (65.3,74.5) | 14.8 | (11.2,18.4) | 10.0 | (7.2,12.9) | 5.2 | (3.2,7.3) |
| 13-15 | 66.6 | (61.5,71.6) | 13.7 | (10.1,17.4) | 13.6 | (10.1,17.1) | 6.1 | (3.7,8.5) |
| ≥ 16 | 67.1 | (62.4,71.8) | 13.1 | (9.5,16.6) | 13.8 | (10.7,17.0) | 6.0 | (3.8,8.1) |

*Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-57 What is the main reason you think they should not be reported?**

Among the 12 percent of Californians who opposed reporting HIV cases to health departments, the most commonly cited reason was that "it is a private medical matter" (57 percent). Less common reasons included the concern that reporting may "promote prejudice or discrimination" (13 percent), that "health departments can't be trusted with this information" (8 percent), and that the "identity of HIV-positive persons should not be disclosed" (7 percent). Other reasons cited included "it would be easier not to report it" or "unnecessary to report it" (3 percent), "no one is put at risk" (2 percent), "individuals should volunteer status" (1 percent), and "don't know how that information will be useful" (1 percent).

Table 3-57
What is the main reason you think they should not be reported? (N=232)*

| Reason | %** | (95% CI) |
|---|---|---|
| HIV status is a private medical matter | 57.0 | (49.7,64.2) |
| Reporting HIV status promotes prejudice/discrimination | 13.3 | (8.0,18.7) |
| Do not trust health department with information | 7.9 | (3.8,11.9) |
| Identity or person should not be revealed | 6.8 | (3.3,10.2) |
| It would be easier not report it/not necessary | 3.0 | (0.7,5.4) |
| No one is put at risk | 2.1 | (0.1,4.1) |
| Individuals should volunteer status | 1.4 | (0.1,2.6) |
| Do not know how that information will be useful | 1.1 | (0.0,2.3) |
| The government is too involved as it is | 0.5 | (0.0,1.2) |
| Other | 3.2 | (0.3,6.1) |
| Do not know/Refused | 3.8 | (1.4,6.2) |

*May not equal total sample size because question only asked of respondents who felt that persons with HIV should not be reported and "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-60 Do you think requiring pregnant women to get an HIV test would be an effective method to fight the spread of HIV infection?**

Almost three out of four (74 percent) Californians believed that requiring pregnant women to be tested for HIV would be an effective method to fight the spread of HIV.

- **Race** **(p=0.0001)**

Hispanics were most likely to believe that requiring pregnant women to get an HIV test would be an effective method to fight the spread of HIV (86 percent), followed by African Americans (72 percent), Asians and Whites (70 percent), and other races (60 percent).

- **Education** **(p<0.0001)**

High school dropouts were more likely to believe that requiring pregnant women to get an HIV test was an effective way to fight the spread of HIV (92 percent), as compared to high school graduates (78 percent), college graduates (68 percent), and those with some college (66 percent).

Table 3-60
Would requiring pregnant women to get an HIV test be an effective method to fight the spread of HIV infection? (N=1660)*

| | Yes, effective | | No, not effective | |
|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) |
| **All respondents** | 74.2 | (71.6,76.8) | 25.8 | (23.2,28.4) |
| **Sex** | | | | |
| Male | 72.7 | (68.6,76.7) | 27.3 | (23.3,31.4) |
| Female | 75.8 | (72.6,79.1) | 24.2 | (20.9,27.4) |
| **Race/Ethnicity** | | | | |
| White | 69.8 | (66.5,73.1) | 30.2 | (26.9,33.5) |
| African American | 71.6 | (63.2,80.0) | 28.4 | (20.0,36.8) |
| Hispanic | 86.0 | (82.3,89.7) | 14.0 | (10.3,17.7) |
| Asian/Pacific Islander | 70.3 | (57.3,83.3) | 29.7 | (16.7,42.7) |
| Other | 59.6 | (41.7,77.5) | 40.4 | (22.5,58.3) |
| **Education (years)** | | | | |
| < 12 | 92.4 | (89.0,95.7) | 7.6 | (4.3,11.0) |
| = 12 | 78.1 | (73.7,82.5) | 21.9 | (17.5,26.3) |
| 13-15 | 66.1 | (60.6,71.7) | 33.9 | (28.3,39.4) |
| ≥ 16 | 68.2 | (63.0,73.3) | 31.8 | (26.7,37.0) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3.64 Do you think that providing clean needles for injection drug users in the community would be an effective method to fight the spread of HIV or not?**

More than eight out of ten (84 percent) Californians believed that providing clean needles to injection drug users would help prevent the spread of HIV.

- **Race** **(p=0.01)**

  Asians were most likely to believe that providing clean needles to injection drug users would help prevent the spread of HIV (89 percent), followed by Whites (86 percent), Hispanics (83 percent), other races (77 percent) and African Americans (70 percent).

Table 3-64
Would providing clean needles for injection drug users in the community be an effective method to fight the spread of HIV? (N=1702)*

| | Yes, effective | | No, not effective | |
|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) |
| **All respondents** | 84.3 | (82.3,86.4) | 15.7 | (13.6,17.7) |
| **Sex** | | | | |
| Male | 83.9 | (80.9,87.0) | 16.1 | (13.0,19.1) |
| Female | 84.8 | (82.2,87.4) | 15.2 | (12.6,17.8) |
| **Race/Ethnicity** | | | | |
| White | 86.2 | (83.8,88.6) | 13.8 | (11.4,16.2) |
| African American | 70.2 | (61.4,79.1) | 29.8 | (20.9,38.6) |
| Hispanic | 82.9 | (78.6,87.2) | 17.1 | (12.8,21.4) |
| Asian/Pacific Islander | 88.5 | (81.0,95.9) | 11.5 | (4.1,19.0) |
| Other | 77.2 | (62.6,91.9) | 22.8 | (8.1,37.4) |
| **Education (years)** | | | | |
| < 12 | 86.5 | (81.7,91.3) | 13.5 | (8.7,18.3) |
| = 12 | 79.8 | (75.6,84.1) | 20.2 | (15.9,24.4) |
| 13-15 | 84.8 | (80.9,88.7) | 15.2 | (11.3,19.1) |
| ≥ 16 | 86.7 | (83.4,90.1) | 13.3 | (9.9,16.6) |

*May not equal total sample size because "don't know/not sure" and "refused" responses have been excluded.
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-68 There are some new ways that people may be able to protect themselves from HIV as well as other sexually transmitted diseases (STDs). Currently, scientists are developing substances that can block organisms that cause these diseases. Imagine that these new substances could be added to a cream or to a jelly, a suppository or a sponge that a woman could insert directly into her vagina before having intercourse. And imagine that this would greatly reduce a woman's chance of getting HIV or other disease, even if her partner didn't use a condom. How great of a need, if any, do you think there is for these substances?**

Almost eight out of ten Californians (79 percent) reported a "great need" for the development of microbicides, (i.e., substances that women could apply prior to sexual intercourse to prevent HIV and STD infection), 14 percent reported a "small need" for microbicides, four percent reported "no need," and 4 percent did not understand the question or did not have an opinion.

- **Race** **(p=0.01)**

  African Americans were most likely to report a "great need" for microbicides, (86 percent), followed by Whites (80 percent), Hispanics (78 percent), Asians (75 percent), and other races (64 percent).

Table 3-68
How great of a need, if any, do you think there is for these substances? (N=1736)*

| | No need | | Small need | | Great need | | DK# or don't understand question | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All respondents** | | | | | | | | |
| | 3.5 | (2.5,4.6) | 14.2 | (12.2,16.2) | 78.7 | (76.3,81.0) | 3.6 | (2.5,4.6) |
| **Sex** | | | | | | | | |
| Male | 3.6 | (1.9,5.3) | 16.7 | (13.4,20.0) | 76.6 | (72.9,80.3) | 3.0 | (1.6,4.5) |
| Female | 3.5 | (2.3,4.6) | 11.7 | (9.5,13.9) | 80.7 | (77.9,83.5) | 4.1 | (2.6,5.7) |
| **Race/Ethnicity** | | | | | | | | |
| White | 2.4 | (1.4,3.3) | 14.9 | (12.4,17.5) | 79.5 | (76.6,82.3) | 3.3 | (2.0,4.5) |
| African American | 4.3 | (0.3,8.3) | 7.6 | (2.7,12.6) | 85.5 | (78.8,92.2) | 2.5 | (0.0,5.5) |
| Hispanic | 6.8 | (3.8,9.8) | 11.4 | (7.8,15.0) | 77.7 | (73.0,82.5) | 4.1 | (1.9,6.3) |
| Asian/ Pacific Islander | 1.2 | (0.0,3.6) | 20.4 | (11.4,29.4) | 75.4 | (65.6,85.3) | 2.9 | (0.0,7.0) |
| Other | 3.0 | (0.0,8.7) | 20.7 | (4.6,36.9) | 63.6 | (46.0,81.3) | 12.7 | (0.1,25.2) |
| **Education (years)** | | | | | | | | |
| < 12 | 6.3 | (2.7,9.9) | 12.4 | (7.5,17.3) | 76.5 | (70.1,82.9) | 4.8 | (1.5,8.1) |
| = 12 | 4.9 | (2.5,7.4) | 14.2 | (10.5,17.9) | 76.8 | (72.2,81.4) | 4.1 | (1.8,6.3) |
| 13-15 | 1.1 | (0.1,2.1) | 14.0 | (10.2,17.9) | 82.7 | (78.6,86.7) | 2.2 | (0.8,3.7) |
| ≥ 16 | 3.0 | (1.5,4.5) | 15.2 | (11.4,18.9) | 78.5 | (74.4,82.7) | 3.3 | (1.6,5.0) |

*May not equal total sample size because "refused" responses have been excluded.
#Don't know
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

**3-69 If such items were available, how interested would you be in using them? (Question asked of female respondents only.)**

Twenty-eight percent of California women reported that they would be "very interested" in using microbicides, and 18 percent reported that they would be a "little interested." Fifty-two percent reported no interest, and 2 percent could not imagine such a product or did not know if they would be interested.

- **Race** **(p<0.0001)**

Hispanic women were most likely to report that they would be "very interested" in using microbicides (41 percent), followed by Asians (36 percent), African Americans (31 percent), other races (28 percent) and Whites (20 percent).

- **Education** **(p<0.0001)**

Interest in using microbicides was greater among women with less education. High school dropouts were most likely to report being "very interested" in using microbicides (40 percent), followed by high school graduates (31 percent), women with some college education (25 percent), and college graduates (20 percent).

Table 3-69
If such items were available, how interested would you be in using them? (N=1041)*

| | Not interested | | Little interested | | Very interested | | DK#/Can't imagine such a product | |
|---|---|---|---|---|---|---|---|---|
| | %** | (95% CI) | % | (CI) | % | (CI) | % | (CI) |
| **All female respondents** | | | | | | | | |
| | 52.4 | (48.6,56.1) | 17.8 | (14.9,20.7) | 27.9 | (24.4,31.4) | 1.9 | (0.9,3.0) |
| **Race/Ethnicity** | | | | | | | | |
| White | 66.8 | (62.8,70.8) | 12.2 | (9.3,15.1) | 19.9 | (16.6,23.2) | 1.1 | (0.2,1.9) |
| African American | 46.4 | (33.2,59.6) | 21.2 | (9.0,33.3) | 31.3 | (19.6,43.0) | 1.1 | (0.0,3.4) |
| Hispanic | 27.8 | (21.4,34.1) | 26.1 | (20.4,31.7) | 41.2 | (34.2,48.3) | 4.9 | (1.3,8.6) |
| Asian/ Pacific Islander | 38.2 | (20.3,56.0) | 26.3 | (10.6,41.9) | 35.6 | (16.9,54.3) | 0.0 | (0.0,8.6) |
| Other | 62.6 | (40.5,84.6) | 9.8 | (0.0,24.3) | 27.7 | (8.3,47.0) | 0.0 | (0.0,13.2) |
| **Education (years)** | | | | | | | | |
| < 12 | 29.4 | (21.1,37.7) | 24.5 | (17.3,31.7) | 40.1 | (31.0,49.1) | 6.0 | (1.1,11.0) |
| = 12 | 55.0 | (48.2,61.9) | 13.4 | (9.0,17.9) | 30.9 | (24.7,37.2) | 0.6 | (0.0,1.4) |
| 13-15 | 55.7 | (48.4,63.0) | 18.2 | (12.3,24.1) | 24.6 | (17.9,31.3) | 1.5 | (0.0,3.1) |
| ≥ 16 | 61.8 | (54.7,69.0) | 17.5 | (11.8,23.2) | 19.7 | (13.4,25.9) | 1.0 | (0.0,2.0) |

*May not equal total sample size because question asked to female respondents only and "refused" responses have been excluded.
#Don't know
**Percentages weighted to account for different selection probabilities and the sex, race, age distribution of the California DOF projections for 2000.

# CONCLUSION

Initial results from bi-variate analyses of the 2000 KABB Survey data reflect some of the differences in the knowledge, attitudes, beliefs, and behaviors of Californians. Variability in results was seen along sociodemographic lines for a number of survey items.* Hispanics were more likely to perceive themselves to be at moderate or high risk of HIV infection compared to other racial/ethnic groups. In addition, both Asians and Hispanics were less likely to have been tested for HIV. Hispanics were consistently less knowledgeable about HIV/AIDS, which was consistent with their perception of being "little informed" of ways to prevent HIV. Acculturation and primary language may play an important role in many of these items and underscore the need for culturally relevant HIV prevention and education materials.

Males had more sexual partners than females and were more likely to have at least one casual partner in the past 12 months. Also, more males frequently engaged in at least one high risk behavior than women.

Adults with less education perceived themselves to be at greater risk for HIV infection, scored consistently lower than others on HIV/AIDS knowledge items, and were less likely to have been tested for HIV than individuals with greater education. Fewer years of education was also associated with a higher number of sexual partners, at least one instance of IDU and a sense of not being well informed about methods to prevent HIV infection. The combination of self-reported risk behaviors and limited knowledge pertaining to HIV prevention indicates that adults with less educational background require additional attention from the public health community.

In addition, some differences were seen along urban/rural lines. Urban residents had more sexual partners but were more likely to use condoms and more likely to report a recent HIV test. Rural residents were more likely to have correct beliefs about transmission and less likely to be concerned about HIV/AIDS as a public health issue.

In general, California adults demonstrated strong support for additional policies to reduce HIV transmission. Understanding the beliefs of Californians on these topics may help policy makers tailor legislation to reflect public opinions.

The OA will conduct further in-depth analyses of the survey data in collaboration with researchers at the University of California, Berkeley. Dissemination of the results will provide public health officials, prevention program staff and policy makers with the means to more effectively target those populations at greatest risk for HIV infection.

*Additional sociodemographic differences may be present in the data that are not presented in this summary report. Please refer to the KABB Methods and Results report for a breakdown of other variables including age, income, and employment status.

# LITERATURE CITED

[1] Centers for Disease Control and Prevention. Core measures for HIV/STD risk behavior and prevention: questionnaire-based measurements for surveys and other data systems. http://www.cdc.gov/nchstp/od/core_workgroup/aboutus.htm.

[2] Araba-Owoyele, LA; Hughes, MJ; Rutherford, GW. HIV infection in women [letter]. Western Journal of Medicine, 1994 Jun, 160(6):581-582.

**Complete List of Tables Available in the California 2000 HIV/AIDS Knowledge, Attitudes, Beliefs, and Behaviors (KABB) Survey: Methods and Results Report**

*Available on-line at http://www.dhs.ca.gov/AIDS*

## METHODS

2-1. Sample Design and Number of Projected Completions by Strata and Overall
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2-3. Final Sample Disposition by Disposition and Response Rate Component Categories
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2-14. Sociodemographic Characteristics: Adults in California
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## RESULTS

### HIV Risk Factors and Related Behaviors

3-1. What are your chances of getting infected with HIV?
3-2. Have you ever engaged in high risk sex?
3-3. With how many casual sex partners have you engaged in high risk sex?
3-4. Have you had sex with this person within the past 12 months?
3-5 During the last 12 months, with how many people have you had sexual intercourse? (Breakdown 1)
3-5b. During the last 12 months, with how many people have you had sexual intercourse? (Breakdown 2)
3-6. During the last 12 months how many casual sex partners have you had? (Breakdown 1)
3-6b. During the last 12 months how many casual sex partners have you had? (Breakdown 2)
3-7. During the last 12 months, when you have had sexual intercourse with your casual sex partners, how often have you used a condom?
3-8. During the last 12 months, when you have had sexual intercourse with your steady sex partners, how often have you used a condom?
3-9. Was a condom used the last time you had sexual intercourse?
3-10. Was the condom coated with nonoxynol 9?
3-11. The last time you had sexual intercourse, was the condom used to prevent pregnancy or sexually transmitted diseases?
3-12. Was a spermicide used the last time you had sexual intercourse?
3-13. The last time you had sexual intercourse, was the spermicide used to prevent pregnancy or sexually transmitted diseases?
3-14. Have you and your sexual partner ever used the female condom?
3-15. Have you ever used needles to inject non-prescription drugs?
3-16. Have you injected non-prescription drugs within the past 12 months?
3-17. Composite high risk score

**Personal Experience with HIV Testing**

3-18. Have you ever been tested for HIV?
3-19. When were you last tested?
3-20. What was the main reason you had your last test for HIV?
3-20b. What was the main reason you had your last test for HIV?
3-21. Where did you have your last test for HIV?
3-22. Did you receive the results of your last test?
3-23. Did you talk with a health care professional about the results of the test?
3-24 What was the result of that test?
3-24b. What was the result of that test?

**Knowledge, Attitudes, and Beliefs**

3-25. How much do you feel you know ways to prevent getting HIV?
3-26. In Africa, most AIDS patients are heterosexual. Do you disagree or agree?
3-27. Not everyone infected with the HIV virus will go on to develop AIDS. Do you disagree or agree?
3-28. Infected individuals may look and feel fine and may not know that they are capable of spreading the disease. Do you disagree or agree?
3-29. Only homosexuals need to worry about contracting AIDS. Do you disagree or agree?
3-30. AIDS is a gay man's disease. Do you disagree or agree?
3-31. People who are HIV positive are easy to pick out of a crowd even if they have not developed AIDS. Do you disagree or agree?
3-32. Women are at very low risk of getting HIV. Do you disagree or agree?
3-33. How likely is it that a person can get HIV using public facilities?
3-34. How likely is it that a person can get HIV using public toilets?
3-35. How likely is it that a person can get HIV going to school with a child or teacher who is infected with HIV?
3-36. How likely is it that a person can get HIV being bitten by a mosquito or other animal?
3-37. How likely is it that a person can get HIV sharing drug needles with a person with HIV?
3-38. How likely is it that a person can get HIV kissing a person who has HIV on the cheek?
3-39. How likely is it that a person can get HIV having sexual intercourse with a person who has HIV without a condom?
3-40. Do you favor or oppose allowing students with HIV to attend school if health officials say there is no danger?
3-41. If a person with HIV worked in the produce department of a grocery store where you shop, would you be concerned?
3-42. Are you familiar with the concept of safe sex?
3-43. According to the information you have how would you define safe sex?
3-44. How difficult is it to talk to your casual sex partner about using condoms?
3-45. How difficult is it to talk to your steady sex partner about using condoms?
3-46. Can an HIV-infected pregnant woman pass HIV to her unborn child?
3-47. Do you know if there are any medicines that an HIV-infected pregnant woman could take to help prevent her baby from getting HIV?
3-48. Do you personally know or have you known anyone who has been diagnosed with HIV or died from AIDS or any AIDS-related condition?
3-49. Of those people you personally know who were diagnosed with HIV, how many are still living?
3-50. How many people do you know who have died from AIDS?

**Opinions Regarding Public Policies**

3-51. How concerned are you about HIV and AIDS as a public health issue?
3-52. Have you ever contributed time or money to an organization that is concerned with HIV or AIDS related issues?
3-53. Have you contributed time or money to an organization that is concerned with HIV or AIDS related issues within the past 12 months?
3-54. Do you think HIV prevention information should be provided in public schools?
3-55. At what grade do you think children should begin receiving education about HIV infection and AIDS?
3-56. Do you feel that persons with HIV should be reported to the health departments?
3-57. What is the main reason you think they should not be reported?
3-58. Would requiring doctors and clinics to report cases of HIV infection to the State Health Department be an effective method to fight the spread of HIV?
3-59. Should the State or private individuals and organizations pay?
3-60. Would requiring pregnant women to get an HIV test be an effective method to fight the spread of HIV infection?
3-61. Should the State or private individuals and organizations pay?
3-62. Would providing condoms for use by people in prisons be an effective method to fight the spread of HIV?
3-63. Should the State or private individuals and organizations pay?
3-64. Would providing clean needles for injection drug users in the community be an effective method to fight the spread of HIV?
3-65. Should the State or private individuals and organizations pay?
3-66. Would providing clean needles for injection drug users in prisons be an effective method to fight the spread of HIV?
3-67. Should the State or private individuals and organizations pay?
3-68. How great of a need, if any, do you think there is for these substances? (i.e. microbicides)
3-69. If such items were available, how interested would you be in using them? (i.e., microbicides)


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